DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
10. BOX 942732
SACRAMENTO, CA 94234-7320



February 26, 1992

TO: All County Welfare Directors

Letter No.: 92-12

All County Administrative Officers

All County Medi-Cal Program Specialists/Liaisons

SUBJECT: SNEEDE V. KIZER:

(1) REVISED WORKSHEETS.

- (2) EXAMPLES OF HOW TO COMPLETE WORKSHEETS,
- (3) CASE PROCESSING CHART.
- (4) NOTICES OF ACTION

(Due to the length of the enclosed examples, this letter will be mailed out in two parts.)

Enclosed are the <u>Sneede</u> V. <u>Kizer</u> worksheets and examples of how to complete them. The examples are based upon Examples 1 through 6, and 8 on pages 52 - 71 in ACWDL 90-91. (Example 7 is not included as it does not differ substantially from the other examples.) Please note that corrections were made to Examples 4 and 9 from the earlier drafts issued to the counties in March 1991. Example 9 is new and illustrates what to do when there is a public assistance (PA/Other PA) person in the household and other family members want Medi-Cal benefits. Due to staff shortages and the need to issue the worksheets and notices as quickly as possible, we did not prepare an example to illustrate how to complete the MC 175-7 when there is a board and care or long-term care spouse who is temporarily away from home and not ABD-MN. For the same reasons, the examples have not been updated to reflect the 100 Percent program or Continued Eligibility.

Also enclosed are the <u>Sneede</u> v. <u>Kizer</u> notices of action. Some of the forms and all of the notices are not yet in camera-ready format. Nor do the notices have Spanish translations yet. Due to staff shortages at both the Department of Social Services and this department, it will take approximately another 2 months to obtain them in translated, camera-ready format. The worksheets and notices are to be reproduced locally by the counties until they are available in the forms warehouse (approximately an additional 3 months after the camera-ready forms are produced).

PLEASE REVIEW THE ENCLOSED FORMS AND NOTICES CAREFULLY: THEY HAVE BEEN REVISED. DESTROY ALL PRIOR VERSIONS OF SNEEDE WORKSHEETS AND NOTICES.

County liaisons will receive a separate set of the enclosed Sneede

All County Welfare Directors All County Administrative Officers Page 2

worksheets and notices that will not be stapled together so that clean copies can be reproduced.

Please note that the language on the notices of action is not mandatory. The counties may feel free to improve or modify the notices, however the changes must be approved by my staff. Also, the counties may wish to incorporate some of the forms by condensing them onto less paper for ease of administration. Your ideas may be reflected in future versions of the Department's <u>Sneede</u> forms and notices.

We wish to thank the following county liaisons (in alphabetical order) for their valuable time and assistance in developing and/or reviewing the worksheets:

- 1. Pat Evans, Sutter County
- 2. Karen Kazlauckas, Santa Clara County
- 3. Ruth Kenworthy, Ventura County *
- 4. Stevie Leppard, San Bernardino County
- 5. Fran Meister, San Diego County Health Department
- 6. Toni-Jo Mosley, Los Angeles County
- 7. Mary Potter, Sacramento County
- 8. Raquel Raden, San Bernardino County
- 9. Mary Turner, Santa Cruz County

Additional kudos to Pat Evans from Sutter County for developing the <u>Sneede</u> Case Processing Chart and the <u>Sneede</u> MFBU/MBU Reference Chart.

Lastly, Yvonne Lee wishes to extend her thanks to all of the counties who have helped her develop the very difficult <u>Sneede</u> procedures. The counties' kindness, understanding, and care have helped to shape the procedures into a more manageable format.

If you have any questions, please contact Marge Buzdas at (916) 657-0726 for general <u>Sneede</u> issues, Sharyl Shanen-Raya at (916) 657-2942 for <u>Sneede</u> property issues, and Dave Rappolee at (916) 657-0163 for <u>Sneede</u> income issues.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief Medi-Cal Eligibility Branch

Enclosures

Enclosure

0	MC 175 SN-1 (9/90)* (English and Spanish)	Important Notice - <u>Sneede</u> v. <u>Kizer</u>
0		Medi-Cal Information Notice to <u>Sneede</u> Class Members Who Are Responsible Relatives (The State May Owe You Money)
0		Excluded Child Statement from Parent or Caretaker Relative (Class members identified through status report or class notice)
0		Excluded Child Statement from Parent or Caretaker Relative (New Application and Annual Redetermination)
0	MC 239 SN-4 (New)(English and Spanish)**	Notice of Action, Approval for Benefits or Change in Share of Cost
o	MC 239 SN-5 (New)(English and Spanish)**	Notice of Action, Denial/Discontinuance of Benefits Due to Excess Property (Mini Budget Unit)
0	MC 239 SN-6 (8/91)(English and Spanish)**	How to List Medical Expenses on Your Share of Cost Form (Record of Health Care Costs)

^{**}Spanish version not yet available.

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Example #1: Excluded Child Case - Parents Provide Information on the Excluded Child's Income.

A household consists of a married couple and their three mutual children: Child A. Child B. and Child C. The parents do not wish to file for Child C. Assume the family is property eligible. Their monthly income is as follows:

Husband: John Doe \$1500 gross earnings

Wife: Mary

\$ 700 UIB

Child A: Tim

no income \$ 100 trust income

Teri Child C (excluded): \$ 59 interest income

I. Regular Non-Sneede Method

A. Excluded Child Allocation

\$ 1259	MNIL for 5 persons (with the excluded child)
<u>-1100</u>	MNIL for 4 persons (without the excluded child)
\$ 159	difference
59	Child C's own income
\$ 100	excluded child allocation

B. Share of Cost Computation

Net Nonexempt Income

\$ 1410	Husband's net earnings
+ 700	Wife's UIB
+ 100	Child B's trust income
\$ 2210	combined net income
- 100	excluded child allocation
\$ 2110	total net nonexempt
-1100	MNIL for 4 (without the excluded child)
\$ 1010	share of coer

Since there is a share of cost, apply Sneede procedures.

II. Sneede Method

Responsible Relative Determination (Include the excluded child)

Parent/Spouse:	Husband	Wife
Others for Whom The Parent/Spouse Is Responsible:	Wife Child A - Tim Child B - Tony Child C - Teri	Husband Child A - T(M Child B - Tony Child C - Teri
	(5)	(5)

B. Mini Budget Units Determination

MBU #1

Husband
Wife
Child A (Tim)

(3)

MBU #2

Child B - \$
(Tony)

C. Income Allocation

Husband Wife

\$1500 gross earnings \$700 UIB

- 90 earned income deduction
\$1410 net earnings

divided by 5 - \$282 per person divided by 5 - \$140 per person

D. Net Nonexempt Income for Each Person

Husband	Wife	Child A (Tim)	Child B (Tony
\$ 282 own + 140 from wife \$ 422 net	\$ 140 own + 282 from husband \$ 422 net	\$ 282 from dad + 140 from mom \$ 422 net	\$ 282 from dad + 140 from mom + 100 own \$ 522 net

E. Share of Cost Determination

MBU #1		<u>MBU #2</u>	
\$ 422	husband	\$ 100	Child B's own
+ 422	wife	+ 140	from mom
+ 422	Child A	+ 282	from dad
\$1266	net nonexempt	\$ 522	net nonexempt
	MNIL for 3	<u>- 312</u>	MNIL
\$ 332	SOC	\$ 210	SOC

ALLC	OCATION/SPECIAL DEDUCTION	ON WORKSHEE	T A	County Use		Date This	Form Effect	li∨e
Case	John Doe			Case number 77- 123 45	6789	Number i		
	CHILDREN WITH SEPARATE INCO	ME OR PROPERT	Y EXCLUDED					
1	Maintenance need for MFBU plus e	xcluded child(ren)	1259	(Pare	nts prov	iided	neshi	M_
2.	Maintenance need for MFBU		1100	info	nts prov	. exc	cluded	L
3.	Excluded child(ren)'s share of maint (line 1 minus line 2)	lenance need	: 159	chil				
4.	Net nonexempt income of excluded	child(ren)	· 59		-			
5.	Allocation to excluded child(ren) (line 3 minus line 4)		100					
	Enter above amount on MC 175 M,	column III, line 5						
			- ,, - ,	SPOUSE -	SE PART III FOR LT GO TO PARTS VII T ON FROM BOARD	HROUGH :	X PERSON T	ro spouse
				AND/OR C	HILDREN AT HOME TY SPOUSE TO CH	, OR FROM	ALTO PERS HOME.	ON WITH N
					need for spouse and excluded children)	or children	at home	s
<u> </u>	SSVSSP OR IHSS RECIPIENT(S)	IN FAMILY—INCO	ME AVAILABLE/		able income of for nonexcluded	\$		
1.	SI/SSP appropriate payment level (plus iHSS authorization for iHSS	1			tions/deductions of d/or nonexcluded	\$		
2.	Actual SSI/SSP payment (or IHSS agreent)	\$ \$		4. Total net n nonexclud	onexempt income of ed children (line 2 m	spouse ar inus line 3)	vd/or	\$
3.				5. Unmet ner (line 1 min	ids of spouse and/or us line 5)	r nonexclud	ded children	s
4.	(tine 1 minus line 2) Gross unearned income of SSVSSP	 		6. Total coun	table income of LTC or board and ca	ire \$		
	or IHSS recipient (other than grant or IHSS payment)	:		7. Health ins	urance for person in ard and care	\$		
5.	SSI/SSP uneamed income deductions and exemptions	\$/		8. Total net i	nonexempt income of care (line 5 minus	of person in line 7)	LTC or	\$
	Net nonexempt unearned income (line 4 minus line 5)	*		9.		\$		
	Gross earned income of SSI/SSP or IHSS recipient	5 / -		10. Maintena	nce need for person and and care	in s		
_	SSI/SSP earned income deductions and exemptions			11. Total arms	unt needed for mair 9 and 10)	ntenance	- -	\$
9.	Net nonexempt earlied income (line 7 minus line 5)	5 -		12 Amount a	vallable for allocatio	n to spous	e and/or	\$
10	Total net nonekempt income (add lines 5 and 9)		\	13 Allocation	line 8 minus line11) n to spouse and/or c	hildren		1.
11	. If line 10/s greater than line 3, the income available to the MFBU an and on MC 175 M, column t or It, respirent income available."	d is entered here		(line 5 or	line 12, whichever is a of cost determination, enter above arm a of cost determination	on of the A	C 176 M. CO	or the spous umn III, line
1:	2. If line 10 is less than line 3, the di allocation to the SSI/SSP or IHSS is entered here and on MC 176 h	S recipient and		enter ab	ove amount on MC 1	176 M, colu	mn II, line 4	
~~ciig	ibility Worker Signature	lu	•	Worker Number	/23		4/3	191
MC	176 W (1/90)	<u> </u>						

IV.	AFDC MINIMI EARNED INCOME						Ľχ	. l	
1	Name	. John	Doe	Ь					
2	Gross earnings		1500			s	 		\$
3	Work expenses	\$ 90	7500	\$	·	1	s		
4	Net earnings (line 2 minus line 3)		1410			\$	<u> </u>		8
5	Enter \$30 if applicable		\$	 		\$			\$
6	Subtotal (line 4 minus line 5)	1	s	1		s	 		\$
7	Enter 1/3 of line 6 if applicable		s			\$			5
8	Subtotal (line 6 minus line 7)		\$			\$	1		\$
9.	Dependent care	\$	rajouan is et el son dur	\$			s		
10.	Countable earnings (line 6 minus line 9)	1 1	1410			3			\$
11.	Total countable earnings of AFDC MN/MI persons (add lines 10a, b, and c)	s	Enter this amount i	n line	6, column II on	the MC 176 M or M	C 176 M—	LTC, colu	mn II, line 8
V.	A. ESTABLISHMENT OF THE STEP	PARENT UNIT		AF	ABD INCOME	DEDUCTIONS (for	use with N	IC 176 M	only)
1.	Maintenance for:		A	NONEXEMPT	UNEARNED INCOM	Æ			
	Sepparent Parent						a. AB	D-MN	b. Spo
	Supparent's children #		s	1.	Social Securit	Y	s		S Par
2.	Stepperent's gross earned income	S		2.	Net income fro	om property			
3.	Mandatory/deductions (actual)	s		3.	Other — itemi	Z•	\$		\$
4.	Net earned income (line 2 minus line 3)	\$							
5.	Stepparent's gross unearned income	5		4	–		s		5
6	Stepparent's total income (line 4 plus line 5)	\$							
7.	Court ordered child support	\$		5.	Total (add line	s 1 through 4)	\$		\$
8.	Stepparent's net income (line 6 minus line 7)		\$	6.	Deductions		\$		\$
is lin	e 1 greater than line 8? If NO, complete	e Part B. 🗆	Yes 🗆 No	7.	Remainder (lie	ne 5 minus line 6)	\$		\$
В.	STEPPARENT COMPUTATION			6.	Combined und			\$	
1.	Stepparent's gross earned income		\$	Ene		e 8 on MC 176 M, co	olumn I, line	6.	
2.	Work expenses (\$90)		\$	8.	NONEXEMPT	EARNED INCOME			
3.	Net earned income (line 1 minus line 2	2)	\$				a. AB	D-MN	b. Sp
4.	Stepparent's gross unearned income		\$	1.	Gross earned	income	\$		\$
5.	Stepparent's total income (line 3 plus l	line 4)	\$	2.	Deductions		\$	•	\$
6.	Contributions to tax dependents	\$		3.	. Remainder (1	ine 1 minus line 2)	8	-	\$
7.	Child support/slimony	\$		4.	Combined un	eemed income and 3b)		\$	
8.	Stepperent's deduction (line 6 plus lin	→ 7)	\$	En		e 4 on MC 175 M, c	olumn I, lin	10.	
9.	Stepperent's total net income (line 5 m	rinus line 8)	s	Sp	ecify type of de	duction(s) shown in	8—2:		
10.	Maintenance need for stepperent unit Stepperent Stepperent's children # Mutuel children	•							
11.	Stepperent's income deemed available ine 10), if less than Ø, enter Ø	e (lime 9 minus	8					· · · · · ·	V-004 (
	or amount in line 11, on MC 176 M or M ne 3 or 4 as "from stepparent."	C 176 M-LTC in oo	ilumn I or	EX	gibility Worker :	Signature And Date I Kell		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Vorker Numl
				1					

Ex. 1

SHARE OF COS	T DETERM	INATIO	V - MFE	Us WHICH DO NOT INCLUDE	LTC PERSONS	<i>:</i>			ealth Service
Case Name Jo	hn D	oe					nty Olstrict	County Us	
lew Applica	ition 🗆 Re	determin	nation [Change 🔲 Retroactive Eli	9. Gorrection		ctive Eligibility Oat	•	gget
Stat	te Number				Birthdate	Mo. Sex	U 4	Yr.	<u> </u>
Co. Aid 7 Digi-	Serial No M	Pers. FBU No.		Name - First, Middle, Last	Mo. Day Yo		(1) Social Secu (2) Health Insura or Railroad Ret	ince Claim N	lo. Other Coverag
			Joh	n Doe	2-17-48	M	(1)		
			Mai	ru Doe	3-17-51	F	(1)		
			Tim	Doe	8-9-73	M	(1)		
			Tony		10-31-75	_ 1 ' _	(1)		-
			7		100	223	(1)		
		_	-				(2)		
		+ +					(2)		
1. Income of MFE		halvina as		**			(2)		
or disabled p	lus income o				ot listed in 1.	III. Sh	are of cost computa	tion	
A. NONEXEMPT	UNEARNEDI	NCOME		A. NONEXEMPT UNEARNED	INCOME	1. Çou	ntable Income from	1 14	
	a. ABD-Mi		ouse or	1. OASDI		2. Cou	ntable Income from	11 9	2210
1. OASDI				2. Net Income from Property		3. Inco	me allocated from on to family memb	LTC/B&C	
2. Net Income from Property				3. Other—I temize		hon	ne (176W, Part III) Inbined Countable In		
3. Other—Itemize				Tony-Trust inc.	100.00	(add	11, 2, and 3)		122/1
4.							ATIONS AND DE	DUCTIONS	
tal				5. Total unearned Income	700.00	chile	cation to excluded dren (176W, Part I)		100
.add 1 thru 4) 6. Combined unear	rned income	T 		(add 1 thru 4)	800.00		me to determine Pa ibility	`	
(add 5a and 5b)		-\$20	·	B. NONEXEMPT EARNED INC 6.—Total Net Earned Income		7. Heal	th Insurance		
7. Any Income dec		-\$20		76W, Part IV, Line 11.)	1410	8.			
8. Countable unear (6 minus 7)	rned Income			C. TOTAL COUNTABLE INCO	MĚ				
B. NONEXEMPT E	ARNED INC	OME		7. Subtotal (add 5 and 6)	2210	9.			
9. Gross Earned Income	a.	b.		8. Child Support/Alimony Paid		10. Tota	Il allocations/deduc	tions	100
10. Combined earne (add 9a and 9b)				9. Total Countable Income (7 minus 8)	2210	(add	I 5 through 9) If net nonexempt Ir		/00
11.\$65 earned Inc.	deduction			NOTE:	0070	(4 п	ninus 10) Il net nonexempt Ir		2//0
plus \$ uni 12. Remainder (10 i				If there is income from which E Expenses are deducted (Sec		rour	ided	come	2110
13. Countable earne				calculations here. Enter net amo		13. Mair	ntenance need		_
(divide 12 by 2)	·			Total income for educational p	urpose		No.	4	1100
14. Total countable (add 8 and 13)	income	<u> </u>		Less total educational expenses Net countable income		b. MFI	3U members in LTC		1
NOTE: If any of the follow	ing deduction	e anniv ec	molete	Net countable income		• U	rrsonal needs pkeep of home		
MC 176W, Part VI							eeds of disabled der al maintenance need		1100
Educational Exp Absent Parent S			1 50547 1 50541				a + 13b) re of cost		1/00
Student Deduct \$30 plus 1/3		Section	50551 50551.1			(12	minus 13c)	··	1010
Work Expenses Income for Self			50551.4 50551.5			15. Und	lerpayment adjustm	ent	0
							usted Share of Cost minus 15)		1010
xempt Incom	e								

Eligibility Worker Signature

Worker Number の/ ころ omputation Date
4/3/41

County Use



SNEEDE V. KIZER INCOME SCREENING QUESTIONS

If the MFBU has a share of cost and includes child(ren), complete the following:

Case	John Oce	County District	ファ	County Use	
Case	Number	Effective Date	Mo.	Ye	аг
	/			4 0	7/
Ø	New Application	ange 🗌	Retroactive Eligibility		Correction
DOI	ES THE MFBU INCLUDE:			YES	NO
a.	A stepparent?				
b.	An unmarried couple with mutual child(ren)?				
C.	A child with his/her own nonexempt income (includin provided by someone outside of the MFBU) and there MFBU?	g unearned in-lare other perso	cind income ons in the		
d.	A non-parent caretaker relative in the same MFBU wi whom care is provided and the caretaker wants Medi-) for			

- If "NO" to all of the above, determine if eligibility exists for pregnant woman or infant under 1 (185/200%), child under 6 (133%), or child age 6 through 18 born after 9/30/83 (100%).
- If "YES" to any of the above and:
 - (1) the MFBU includes a parent, complete MC 175-2, MC 175-3I, and MC 175-4.
 - (2) the MFBU does not include a parent, complete MC 175-3I and MC 175-4.

Eligibility worker signature	Worker Number	Date
112/11	0/23	4/3/9/
		• /

SNEEDE V. KIZER RESPONSIBLE RELATIVE DETERMINATION

(Complete Only If Parent Is In MFBU)

Case Name	County District	C	ounty Use	
John Doe	77			
Case Number	Effective Date	Mo.	Year	
	04	L	91	

INSTRUCTIONS:

- 1) Complete only when MFBU exceeds Property Limits or has a Share of Cost.
- 2) Property and Income allocations are only from Spouse to Spouse and from Parent to Natural/Adoptive Child(ren).
- 3) Complete only Column A when the household consists of only a single parent.
- 4) Complete Columns A and B in all other situations.

Enter name(s) of PARENT/SPOUSE (do not list PA/Other PA):	John Doe	Mary Doe
List others for whom Parent/Spouse is responsible. (List excluded and ineligible child(ren). DO NOT LIST UNBORN, PA/OTHER PA.	spouse* Mary Tim Tony Teri	spouse* John Tim Tony Teci
* Leave blank if unmarried.	5 TOTAL # PERSONS IN COLUMN A	TOTAL # PERSONS IN COLUMN B

Next complete the MC 175-3P for Property Determinations or the MC 175-3I for Share of Cost Determinations.

Eligibility Worker Signature)	Worker Number	Date /
Engloshiy worker Signature	11	0123	4/3/9/
<u> </u>	<u> </u>	, <u>, , , , , , , , , , , , , , , , , , </u>	

Section 50547

Section 50551 Section 50551.1

Educational Expenses

\$30 plus 1/3

SNEEDE V. KIZER NET NONEXEMPT INCOME DETERMINATION

C	John D	· •	00	UNTY DISTRICT	 フフ	COUNT	USE		
		ه ح	<u></u>		<u>/ /</u>	1	- · · · · · · · · · · · · · · · · · · ·		
C.	ASE NUMBER		l EFF	FECTIVE DATE			.		
			<u> </u>	мо.	04	YR.	9/		
str	ructions:								
	Child/Spousal Support Payn								
	For AFDC-MN/MI only:	Divide the \$50	per month child/spx	ousal support dedu	iction by the # o	of persons	for whom the incom		
		payments to ap	unused remainder w ply against the dedu	nu de prorated am ction.	ong the remain	ing person:	s who still have supp		
	For ABD-MN only:	Each ABD-MN	Each ABD-MN child for whom absent parent support payments are intended will receive a 1/3 deduction from this income.						
ı	Unearned In-Kind Income:		arned in-kind incom	e among the perso	ons who receive	the incom	e. Example: MFBI		
		4 gets free hous unborn's share	sing. Use in-kind in of in-kind income to MFBU, give unborn'	come for 4 and ea the pregnant wor	ch person gets : nan's share. If j	1/4 of the i	n-kind income. Add oman is PA/Other P		
	ABD-MN Deductions:		BD-MN child: \$20						
	ADD-WIN Deductions.		BD-MN adult, or sp	-	-				
		any income de	duction and \$65 plus	1/2 earned incom	ivira adult, or p	MICHIOI M	a add-min chig:		
		•	•						
	ENTER NAME OF EACH		John	Mar	, 7	Tim	T		
	MEMBER (Do not list unbe	oras)				• • • •	Tony		
	PERSON TYPE		Parent A or	1		Child	Child		
			☐ Caretaker R	tel. or Spou	se [<u> </u>		
١.	NONEXEMPT UNEARNE AFDC-MN/MI and/or ABE		<i>*</i>						
	RSDI								
	Net Income from Property								
i.	*Net Child/Spousal Support Rec	eived							
١.	**In-kind Income								
5.	Income available from PA or oth PA (MC 175-6, line A. 4)	er			ŀ				
j.	Trust income						100		
	UB			700					
3.	Total (add 1 thru 7)		0	700			100		
.	***ABD-MN \$20 Any Inc. Ded	uction							
^	(skip if AFDC-MN/MI) Countable Uneamed Income (8)	minus Or also							
0.	enter on section D, line 16)	intrius 9; atso	D	700)l	0	100		
				•					
3.	***NONEXEMPT EARNEI ABD-MN or spouse/parent	D INCOME of ARD-MN							
1.	Gross Earned Income	JI (1100 11111							
2.	\$65 Earned Inc. Deduction PLU	S							
12	S unused \$20 Remainder (11 minus 12)	(line 9)							
13. 14.	Countable earned income (divid	e line 13 hu 21				_			
	(enter on section D, line 17)	E line 15 0y 2)	<u> </u>						
c.	NONEXEMPT EARNED IN AFDC-MN/MI ONLY	NCOME							
	Net Earned Income (MC176W, Part IV, Line 10)		1,1,1	6	, ,)	0		
15.					, , ,	*	1 / 1		
15.	(enter on section D, line 17)		1410						

					— p · i
D.	TOTAL COUNTABLE INCOME: AFDC-MN/MI and/or ABD-MN	NAME: John	NAME:	NAME:	NAME: Tonu
16.	Countable unearned income (from line 10)	0	700	0	100
17.	Countable earned income (from line 14 or 15)	1410	0	0	0
18.	Income allocated from LTC/B&C person to family members at home (from MC176W, Part B OR from MC 175-7, line C. 2)	0	0	0	0
19	Total countable income (add lines 16, 17, 18)	1410	700	0	100

E.	OTHER DEDUCTIONS: AFDC-MN/MI and/or ABD-MN				
20.	Health Insurance				
21.	Child Support/Alimony Paid			<u> </u>	
22.	Income to determine PA Eligibility (MC 175-6, line B. 3 or B. 4)				
23.					
24.	Total deductions (add 20 through 23)	0	0	0	0
25.	Total net countable income (line 19 minus line 24) Enter this on MC 175-4 if no parent in MFBU; otherwise continue.	1410	700	0	100

34.	Parent's total net nonexempt income (add lines 4, 5, 18, 30, 31). Enter on MC 175-4	422	422	<u> </u>	X///////
33.	Child's total net nonexempt income (add lines 30, 31, 32). Enter on MC 175-4			412	622
32.	Enter child's net countable income (from line 25)			0	100
31.	Parent B's allocation to self, spouse (if any) & natural/adopted children (divide Parent B's line 26 by line 28) (Enter in each applicable box.) Do not enter under Parent A if unmarried.	140	140	140	140
30.	Parent A's allocation to self, spouse (if any) & natural/adopted children (divide Parent A's line 26 by line 27) (Enter in each applicable box.) Do not enter under Parent B if unmarried.	282	282	287	282
29.	Child's natural/adoptive parent (see MC175-2) (circle A or B, or both)			(A) (B)	(A) (B)
28.	Number of persons for whom Parent B is responsible (section B of MC175-2)		5		
27.	Number of persons for whom Parent A is responsible. (section A of MC175-2)	5			
26.	Parent's total net nonexempt income LESS in-kind income and income from PA/Other PA, LTC, or B&C spouse (line 25 minus lines 4, 5, 18)	1410	700		
F.	PARENTAL/SPOUSAL ALLOCATION: AFDC-MN/MI and/or ABD-MN (skip if no parent in MFBU)				

Go to MC 175-4 next

ELIGIBILITY WORKER SIGNATURE	WORKER NUMBER	COMPUTATION DATE
ULee	0123	4/3/91



SNEEDE v. KIZER MINI BUDGET UNITS AND:

(CHECK ONLY ONE)

SHARE OF COST DETERMINATIONS

PROPERTY DETERMINATIONS

Case Name	John	Doe	County District	フク	County Use	
Case Number	-		Effective Date	~		- /
			Mo.	07	Yr.	91

Instructions:

- 1. Include unborn in the mother's mini budget unit (MBU) and property limit/maintenance need income level, unless mother is married and only her separate children want Medi-Cal. If pregnant woman is PA/Other PA, include the unborn in the spouse's or father's MBU.
- 2. Do not include an excluded child.
- Do not list MBU members in more than one MBU.
- 4. If any MBU has excess property, check to see if Medi-Cal linkage still exists for other family members.
- 5. Property Determinations: Enter the allocation for each spouse from MC 175-3P, line 18. Enter the net nonexempt property for each child and/or caretaker relative from MC 175-3P, line 29.
- 6. Share of Cost Determinations: Enter each person's net nonexempt income from MC 175-31.
- 7. If only the separate children of one spouse want Medi-Cal, enter the amounts from lines 13 and 23 of MC 176W.1 for property determinations and the amounts from lines 28 and 29 of MC 176W.1 for share of cost determinations.

MBU #	Z_{-}	_
Person Name/No.	Orig Aid	Net ☐ Property Nonexempt ☐ Income
1. John		422
2 mary		422
3. Tim		422
4.	<u> </u>	
5.	<u> </u>	
6.	ļ	
7.		
8.		
9.	<u> </u>	
10.	<u> </u>	
TOTAL		1266
MBU's ☐ Peoperty Limit (Check one) ☑ Maintenance Need		1266
(Check one) Excess Property (Check one) Share of Cost to property-eligible pers	r	332
Rounded Share of Co	st	332
If SOC, is there a property-eligible punder 6 or 6 through 18 born after 9. IZ No; stop h	regna /30/8: ere. MC 1	ant woman or child 3 in MBU?

MBU #					
Person Nam	Orig Aid	Net ☐ Property Nonexempt ☐ Income			
1. +	1	522			
2.					
3.					
4.	<u> </u>				
5	<u> </u>				
6.	<u> </u>				
7.	<u> </u>	Į			
8.					
9.					
10.					
TOTAL		522			
MBU's Property Limit (Check one) Maintenance Need		312			
(Check one)		210			
Rounded Share of C	ost	210			
If SOC, is there a property-eligible under 6 or 6 through 18 box-effer 12 No; stop 1 Yes; go to	iere.				

Person Name/No. 1. 2. 3		Net Property	7				
2.		Nonexempt Income		Person Name/No.	On Aid	g Net Nonexem	☐ Property
			7	1.			
3.			1	2.		T	
				3.			
4.			_	4.			
5. 6.			_}	5.			
7.				6. 7.			
8.				8.			
9.			4	9.			
10.			$\neg \land$	10.			
TOTAL			┦ `	\	TOTAL		
MBU's Property Limit (Check one) Maintenance Need			-	MBU's Prop (Check one) Main	erty Limit tenance Need		
(Check one)				/ (Check one) ☐ S	xcess Property hare of Cost for ty-eligible persons		
Rounded Share of Cos	st] /	Round	ed Share of Cost		
If SOC, is there a property-eligible pre under 6 or 6 through 18 born after 9/3 No; stop her Yes; go to M	egnai 90/83 re. 40-17	nt woman or child in MBU? 75-5	$ begin{array}{c} beg$	If SOC, is there a pro- under 6 or 6 through	perty-eligible pregr 18 born after 9/30/ D No; stop here. D Yes; go to MC	nant woman 83 in MBU? 175-5	or child
MBU #		_	,]		MBU #		
Person Name/No.	Orig Aid	Net ☐ Property Nonexempt ☐ Income		Person Name/No.	Or Ai	ig Net d Nonexen	☐ Property
1.			7	1.			
2.			7	2.			
3.				3.			
4.				4.			
5.				5,			
6.			_	6.			
7.			4	7.			
8.			И	8.			
9.			$-\!\!\!\!/$	9.			
10.			؍ لـ	10.			
TOTAL			_		TOTAL		
MBU's				MBU's Prop	erty Limit tenance Need		
(Check one)	٠			(Check one)	xcess Property Share of Cost for ty-eligible persons		
Rounded Share of Cos	st			Round	led Share of Cost		
If SOC, is there a property-eligible pre under 6 or 6 through 18 born after 9/3 No; stop he Yes; go to N	30/83 re.	in MBU?			perty-eligible preg 18 born after 9/30 No; stop here: Yes; go to MO	183 in MBU?	or child

Eligibility Worker Signature	4	Worker Number	Date of Computation
	(1 70)	m/2	1 4/2/9/
	a see		

	Ex.
us of California . Hoakh so	of Mindage Americ

Ex.1		
Repartment of Health Se	ervic	

e Name	John	Doe		Cas	e Number	
	Excluded Chi (New A	ild State	ment fr			
	I understand that and that his or he which I and my fa	r income a		d's Name) ty will not aff	ect the Medi-C	
			*			
Signatu Signatu	re of Agrent or Caretaker Field	•	ip (guardian, cons	ervator, etc.)	<u></u>	Date 4/1/91
Signatu	re of Witness (required if app	licant signed by m	nark)			Dette

SNEEDE C	CLASS N	MATION NOTICE TO MEMBERS WHO ARE BLE RELATIVES	Γ-	County Stamp	
□ John	Doe	- - -	State No.: District: Case Name:	John Doe	
L					

THE STATE MAY OWE YOU MONEY!!

Under a case called <u>Sneede</u> v. <u>Kizer</u>, the county has found that you (or a member of your family) may have been wrongly denied benefits or had a share of cost which may have been too high.

You MAY be paid back for medical expenses which you or a member of your family paid on or after May 1, 1986. Also, Medi-Cal MAY pay bills which you still owe for medical services, drugs, etc. you or your family member got on or after May 1, 1986.

SAVE YOUR BILLS, RECEIPTS AND CANCELLED CHECKS which show that you had medical bills for yourself or any member of your family since May 1, 1986.

The court case is not done yet. You will be notified at the end of the case if you can get the benefits described in this notice.

If you move, be sure to tell the county your new address and phone number. Call or write your Medi-Cal worker.

Ule		4/3/91
(Eligibility worker)	(Phone Number)	(Date)

<u>Sneede</u> v. Kizer MEDI-CAL NOTICE OF ACTION APPROVAL FOR BENEFITS OR CHANGE IN SHARE OF COST

Notice Date: 4/3/9/
Case No.:
Worker Name/No.:
Worker Telephone No.:
This Affects: John Doc
mary Doe
Tim Doe
ruled that Medi-Cal can only use the income of ives Medi-Cal. This means that some family approved and benefits will begin the first day of
approved and benefits will begin the first day of
to \$
Net Amount

(County Stamp)

This case has been affected by a law suit called Sneede v. Kizer. A federal court certain family members when figuring the share of cost of someone who receive members may have different shares of cost. The application for Medi-Cal benefits for the people listed above has been a _____. They have no share of cost. The application for Medi-Cal benefits for the people listed above has been a 4/9/. Their share of cost is \$ 332. The Medi-Cal share of cost for people listed above has changed from \$_____ The people listed above will receive their Medi-Cal card soon. The income used to figure the share of cost is as follows: Total net nonexempt income Maintenance Need Excess Income Adjustment Share of cost

Follow the instruction sheet called Sneede v. Kizer: HOW TO LIST MEDICAL EXPENSES ON YOUR RECORD OF HEALTH CARE (SHARE OF COST) FORM. If the medical expenses are more than the share of cost for any period, a Medi-Cal card will be issued after the form has been completed and approved.

When the people listed above receive their Medi-Cal card, they must always take their card to their doctor or to any other Medi-Cal provider who give or has given medical care in that month.

If there are any changes in address, income, property, family members, living arrangements, or if you have any questions, please write or phone your worker within 10 days.

The regulations which require this action are California Code of Regulations, Title 22, Sections 50653 and Sneede v. Kizer.

Department of Health Services

Sneede v. Kizer MEDI-CAL NOTICE OF ACTION APPROVAL FOR BENEFITS OR CHANGE IN SHARE OF COST

(County Stamp)	

CHANGE IN SHARE OF COST	
John Doe	Notice Date: 4/3/9/ Case No.: Worker Name/No.: Worker Telephone No.: This Affects: Ony Doe
This case has been affected by a law suit called <u>Sneede v. Kizer.</u> certain family members when figuring the share of cost of somnembers may have different shares of cost.	
The application for Medi-Cal benefits for the people listed at	bove has been approved and benefits will begin the first day of
The application for Medi-Cal benefits for the people listed a 4/9/. Their share of cost is \$_2/0	bove has been approved and benefits will begin the first day of
The Medi-Cal share of cost for people listed above has char	
The people listed above will receive their Medi-Cal card soo	n.
The income used to figure the share of cost is as follows:	
Person	Net Amount
Tony	\$ 522
	\$
	\$
	\$
	\$
Total net nonexempt income	\$ 522
Maintenance Need	\$ <u>312</u>
Excess Income	\$
Adjustment	\$
Share of cost	\$ 210

Follow the instruction sheet called <u>Sneede</u> v. <u>Kizer</u>: HOW TO LIST MEDICAL EXPENSES ON YOUR RECORD OF HEALTH CARE (SHARE OF COST) FORM. If the medical expenses are more than the share of cost for any period, a <u>Medi-Cal</u> card will be issued <u>after</u> the form has been completed and approved.

When the people listed above receive their Medi-Cal card, they must always take their card to their doctor or to any other Medi-Cal provider who give or has given medical care in that month.

If there are any changes in address, income, property, family members, living arrangements, or if you have any questions, please write or phone your worker within 10 days.

The regulations which require this action are California Code of Regulations, Title 22, Sections 50653 and Sneede v. Kizer.

SNEEDE V. KIZER HOW TO LIST MEDICAL EXPENSES ON YOUR SHARE OF COST FORM (RECORD OF HEALTH CARE COSTS)

Your Medi-Cal case has been affected by a lawsuit called <u>Sneede</u> v. <u>Kizer</u>. This lawsuit limits which family members can use their medical expenses that are not billed to Medi-Cal.

If you are a spouse or a parent, you have the choice of listing your medical expenses on any share of cost form in which your name appears. You may list all of your medical expenses on a single form, or you may divide up a bill and list it on two or more forms in which your name appears. However, the total reported for a single service cannot be more than the original bill.

If you are a child, your medical expenses can only be listed on the share of cost form in which your name appears.

If you are a caretaker relative such as a grandparent, aunt, uncle, etc., your medical expenses can only be listed on the share of cost form in which your name appears.

If you have any questions about how to list medical expenses on the share of cost form, please call or write your Medi-Cal worker.

MC 239 SN-6 (8/91)

SNEEDE V. KIZER COMO ANOTAR GASTOS MEDICOS EN SU FORMULARIO DE PARTE DEL COSTO (REGISTRO DE CONTROL DE SUS GASTOS MEDICOS)

Su caso respecto a beneficios de Medi-Cal ha sido afectado por la demanda legal en el caso llamado <u>Sneede</u> v. <u>Kizer</u>. Este juicio establece cuales miembros de la familia pueden usar sus gastos médicos que no se cobran a Medi-Cal.

Si usted es el esposo(a) o padre/madre, tiene la opción de anotar los gastos médicos en cualquier formulario para parte del costo en el cual aparezca su nombre. Puede anotar todos los gastos médicos en en un solo formulario, o puede dividir el cobro y mencionarlo en dos o más formularios en el cual aparece el nombre suyo. Sin embargo, el total que se reporte por un solo servicio, no puede ser mayor que el cobro original.

Si usted es un menor, los gastos médicos de usted, solamente pueden ser anotados en el formulario de parte del costo donde aparezca el nombre suyo.

Si usted es un pariente encargado del cuidado de alguien, como un abuelo(a), tío(a), etc., los gastos médicos suyos solamente pueden ser anotados en el formulario de parte del costo en que aparezca el nombre de suyo.

Si tiene preguntas sobre cómo anotar gastos médicos en el formulario de parte del costo, por favor escríbale o llame a su trabajador(a) de Medi-Cal.

Example #2: Excluded Child Case - Parents Refuse to Provide Information On the Excluded Child's Income

A household consist of a married couple and their three mutual children: Child A. Child B. and Child C. The parents do not wish to file for Child C and they refuse to provide any information about that child's income. Their monthly income is as follows:

Husband: John Doe \$ 1500 earnings
Wife: Mary 700 UIB
Child A: Tim no income
Child B: Tony 100 trust income

Child C (excluded): Teri unknow

I. Regular Non-Sneede Method

Since the parents refuse to provide any information on the excluded child's income and property, do NOT give an income allocation.

A. Share of Cost Determination

\$ 1410 Husband's net earnings

+ 700 Wife's UIB

+ 100 Child B's trust income

\$ 2210 combined net income

- 0 excluded child allocation

\$ 2210 total net nonexempt income

_-1100 MNIL for 4 persons

S 1110 SOC

Since there is a SOC, apply Sneede procedures.

II. Sneede Procedures

A. Responsible Relative Determination (Include the Excluded Child)

Parent/Spouse:	<u>Husband</u>	Wife
Other for Whom The Parent/Spouse Is Responsible:	Wife Child A - Tim Child B - Tony Child C - Teri	Husband Child A - Tim Child B - Teny Child C - Teri
ı	(5)	(5)

B. Mini Budget Units Determination

MBU #1

MBU #2

Husband Wife Child B - #

Child A - Tim

Tony

Wife

\$ 700 UIB

(3)

(1)

C. <u>Income Allocation</u>

<u>Husband</u>	
•	gross earnings
90_	earned income deduction
\$ 1410	net earnings
divided	by 5 = \$ 282.00 per person

divided by 5 - \$140 per person

D. Net Nonexempt Income for Each Person

Husband	Wile	Child A	CIIM
\$ 282.00 own	\$140.00 own	\$ 282.00	from mom
+ 140.00 from wife	+282.00 from husband	+140.00	
\$ 422.00 net	\$422.00 net	\$ 422.00	

Child B (Tony)

\$	282.00	from	dad
4	F140.00	from	поп
_ +	F100.00	own	
\$	522.00	net	

E. Share of Cost Determination

MBU #1		MBU #2	
\$ 422.00	husband	\$ 100.00	Child B's own income
+422.00	wife	+282.00	from dad
+422.00	Child A	+140.00	from mom
\$1266.00	net	\$ 522.00	net
- 934,00	MNIL for 3	-312.00	MNIL
\$ 332.00		\$ 210.00	share of cost

Example #2 State of California—Health and Welfare Agency SHARE OF COST DETERMINATION - MELUS WHICH DO NOT INCLUDE LTC PERSONS Department of Health Servic Case Name County District County Use Effective Eligibility Date for this Budget ☐ Correction Mo. State Number Birthdate (1) Social Security No. and Pers. (2) Health Insurance Claim No. 7 Digit Serial No. Name - First, Middle, Last Co MEBU No. Mo. Day Yr. Other or Railroad Retirement No. Coveraç (1) Doe ユ-17-48 (2) (1) 3-17-51 (2) .. (1) (2) ١. 10.31-75 (1) (2) (1)(2) (1) (1) 1. Income of MFBU members applying as aged, blind, II. Income of MFBU members not listed in I. III. Share of cost computation or disabled plus income of spouse or parent (except PA or other PA) (except PA or other PA) A. NONEXEMPT UNEARNED INCOME A. NONEXEMPT UNEARNED INCOME 1. Countable Income from I 14 a. ABD-MN b. Spouse or Parent 1. OASDI 2. Countable Income from II 9 1. OASDI Income allocated from LTC/B&C Net Income from Property person to family members at 2. Net Income home (176W, Part III) from Property 3. Other-Itemize 4. Combined Countable Income 3. Other-Itemize (add 1, 2, and 3) 100.00 ALLOCATIONS AND DEDUCTIONS 4. 700.00 Allocation to excluded ntal Total unearned Income children (176W, Part I) dd 1 thru 4) (add 1 thru 4) 800.**00** Income to determine PA 6. Combined unearned income Eligibility NONEXEMPT EARNED INCOME (add 5a and 5b) 7. Health Insurance -\$20 7. Any Income deduction Total Net Earned Income 76W, Part IV, Line 11.) 8. Countable unearned Income 8. C. TOTAL COUNTABLE INCOME (6 minus 7) B. NONEXEMPT EARNED INCOME 7. Subtotal (add 5 and 6) 2210 9. Gross Earned Ь. 8. Child Support/Alimony Paid Income 10. Total allocations/deductions 10. Combined earned Income Total Countable Income (add 5 through 9) (add 9a and 9b) (7 minus 8) Total net nonexempt Income 11.\$65 earned Inc. deduction (4 minus 10) NOTE: plus \$ ____ unused \$20 12. Total net nonexempt income If there is income from which Educational rounded 12. Remainder (10 minus 11) Expenses are deducted (Section 50547), show calculations here. Enter net amount on line 3 or 4. Maintenance need 13. Countable earned Income a. MFBU members not in (divide 12 by 2) Total income for educational purpose 14. Total countable Income LTC No. Less total educational expenses (add 8 and 13) b. MFBU members in LTC NOTE: Net countable income Personal needs If any of the following deductions apply, complete Upkeep of home MC 176W, Part VI before completing Column 1: Needs of disabled dependents

Exempt Income

Educational Expenses

Student Deduction

\$30 plus 1/3

Absent Parent Support

Income for Self-Support

Work Expenses for the Blind

No allocation to excluded child as parents did not provide info on her income.

Section 50547

Section 50541

Section 50551

Section 50551.1

Section 50551.4

Section 50551.5

ligibility	Worker	Signa	ture	11	J.	_
						,

c. Total maintenance need

15. Underpayment adjustment

16. Adjusted Share of Cost (14 minus 15)

(13a + 13b)

(12 minus 13c)

14. Share of cost

1100

SNEEDE V. KIZER

NET NONEXEMPT INCOME DETERMINATION

٠.	SE NAME			COUNT	DISTRICT	COUNTY	USE
	John D	اور			77		
CA	SE NUMBER		-	EFFECT.	VE DATE	0.	
					04/	9/	
str	uctions:						
	Child/Spousal Support Payn	nents Received:	Child suppor	rt is income	to the child, not to t	he parent or caretak	er relative.
	For AFDC-MN/MI only:						or whom the income;
		intended. Any payments to app	inused remainly against the	inder will b e deduction	e prorated among the 1.	remaining persons	who still have suppor
	For ABD-MN only:	Each ABD-MN deduction from			parent support payme	ents are intended w	ill receive a 1/3
	Unearned In-Kind Income:	4 gets free hous	ing. Use in-	kind incom come to the	e for 4 and each pers	on gets 1/4 of the is tare. If pregnant w	e. Example: MFBU on-kind income. Add a oman is PA/Other PA MFBU.
*	ABD-MN Deductions:	Allow each AB	D-MN child	: \$20 any	income deduction an	d \$65 plus 1/2 earn	ed income deduction.
		Allow each AB any income dec	D-MN adul action and \$	t, or spous 65 plus 1/2	e of an ABD-MN ad earned income dedu	ult, or parent of a ction.	n ABD-MN child: \$
•	ENTER NAME OF EACH MEMBER (Do not list unb		Joh	٨	Mary	Tim	Tony
	PERSON TYPE		Pare Care	nt A or taker Rel.	Parent B or Spouse	Child	Child
١.	NONEXEMPT UNEARNE	ED INCOME:	٦ ´				
	AFDC-MN/MI and/or ABI	O-MN					
	RSDI						
•	Net Income from Property						
	*Net Child/Spousal Support Rec	ceived					
	**In-kind Income						
	Income available from PA or oth PA (MC 175-6, line A. 4)	her		·			
	Trust income					<u> </u>	100
	UIB				700		
	Total (add 1 thru 7)		0		70 <i>0</i>	-	
٠.	***ABD-MN \$20 Any Inc. Dec (skip if AFDC-MN/MI)						
0.	Countable Unearned Income (8 enter on section D, line 16)	minus 9; also)	700	0	100
		D. D.I.COMP.					
3.	***NONEXEMPT EARNE ABD-MN or spouse/parent Gross Eamed Income	of ABD-MN				<u></u>	
1. 2.	\$65 Earned Inc. Deduction PLU	IS					
	\$ unused \$20						
3.	Remainder (11 minus 12)						
4.	Countable earned income (dividenter on section D, line 18)	de line 13 by 2)					
	NONEXEMPT EARNED I	NCOME			·		
Ċ.	AFDC-MN/MI ONLY						

INTER COMPUTATION FOR CHILD/SPOUSAL SUPPORT and/or UNEARNED IN-KIND INCOME:

NOTE:

If any of the following deductions apply, complete MC 176W, Part VI before completing Sections A or B.

Educational Expenses Student Deduction \$30-slor 1/3 Section 50547 Section 50551 Section 50551 1



SNEEDE V. KIZER INCOME SCREENING QUESTIONS

If the MFBU has a share of cost and includes child(ren), complete the following:

Case	Tobo Doe	County District	County Use	
Case	Number	Effective Date	Mo. Yea	9/
Ø	New Application	Change Retroact	ive Eligibility	Correction
DO	ES THE MFBU INCLUDE:		YES	NO
a.	A stepparent?			
b.	An unmarried couple with mutual child(ren)?			<i></i>
c.	A child with his/her own nonexempt income (include provided by someone outside of the MFBU) and the MFBU?	ling <u>unearned</u> in-kind inco ere are other persons in the	ome	
d.	A non-parent caretaker relative in the same MFBU whom care is provided and the caretaker wants Med	with the child(ren) for di-Cal?		

- If "NO" to all of the above, determine if eligibility exists for pregnant woman or infant under 1 (185/200%), child under 6 (133%), or child age 6 through 18 born after 9/30/83 (100%).
- If "YES" to any of the above and:
 - (1) the MFBU includes a parent, complete MC 175-2, MC 175-3I, and MC 175-4.
 - (2) the MFBU does not include a parent, complete MC 175-3I and MC 175-4.

Eligibility worker signature	Worker Number	Pate 4/3/9/
- Jac		

IV.	AFDC MN/MI EARNED INCOME							Ľχ	\mathcal{L}
1	Name	. John	Doe	ь.			с.		
2	Gross earnings		1500			s			s
3.	Work expenses	\$ 90		\$			\$		
4	Net earnings (line 2 minus line 3)		\$ 1410			s	er i er		s
5	Enter \$30 if applicable		3			\$	as II		\$
6	Subtotal (line 4 minus line 5)		\$			s			5
7	Enter 1/3 of line 6 if applicable		s			\$	<u> </u>		s
8	Subtotal (line 6 minus line 7)	.:	S	<u> </u>		\$			\$
9	Dependent care	\$		\$	<u> </u>		\$		
10.	Countable earnings (line 8 minus line 9)		1410			\$			\$
11.	Total countable earnings of AFDC MN/MI persons (add lines 10a, b, and c)	s	Enter this amount i	in line	6, column II on	the MC 176 M or MC	176 M—L	.TC, colu	mn II, line 8
<i>'</i> .	A. ESTABLISHMENT OF THE ST	EPPARENT UNIT		٧L	ABD INCOME	DEDUCTIONS (for t	use with M	C 176 M	only)
1.	Maintenance for:			A.	NONEXEMPT	UNEARNED INCOM	E		
	Stepparent Parent						a. ABC)—MN	b. Spou
	Stepparent's children # Mutual children #		s	1.	Social Security	1	\$		Parer \$
2.	Stepparent's gross earned income	s		2.	. Net income fro	om property	 	·	
3.	Mandatory/deductions (actual)	s		3.	Other — itemi:	Z e	s		s
4.	Net earned income (line 2 minus line 3)	s							
5.	Stepparent's gross unearned income	s]	4			\$		s
6.	Stepparent's total income (line 4 plus line 5)	\$							Í
7.	Court ordered child support	s	1	5.	. Total (add line	s 1 through 4)	s		\$
8.	Stepparent's net income (line 6 minus line 7)		s	6.	Deductions		\$	-	s
s lir	e 1 greater than line 8? If NO, compl		HS 🗆 No	1 7	. Remainder (lin	ne 5 minus line 6)	\$		s
3.	STEPPARENT COMPUTATION			8.	Combined une	amed income	<u> </u>	s	<u> </u>
1.	Stepparent's gross earned income	· · · · · · · · · · · · · · · · · · ·	s	En	(add lines 7a a	nd /0) 8 on MC 176 M, co	turno i line	L	
2.	Work expenses (\$90)		5	8.	<u></u>	EARNED INCOME	7,		
3.	Net earned income (line 1 minus line	2)	5				a. ABI	D—MN	b. Spot
4.	Stepparent's gross unearned income)	s	1.	. Gross earned	income	\$		Pare \$
5	Stepparent's total income (line 3 plus	s line 4)	\$	2	Deductions		\$		s
6.	Contributions to tax dependents	\$		3	. Remainder (li	ne 1 minus line 2)	\$		\$
7.	Child support/alimony	3		4	. Combined un		<u> </u>	\$	
8.	Stepparent's deduction (line 5 plus li	no 7)	\$	En	(add lines 3a ster amount in lin	e 4 on MC 175 M, co	olumn I, line	10.	· · · · · · · · · · · · · · · · · · ·
9.	Stepparent's total net income (line 5	minus line 8)	s	Sp	secify type of dec	fuction(s) shown in E	3—2:		
10.	Maintenance need for stepparent un Stepparent	it							
	Sapperents children #		\$						
1.	Stepparent's income deemed availal	ble (line 9 minus	5	-					
	line 10). If less than Ø, enter Ø er amount in line 11, on MC 176 M or l	· · · · · · · · · · · · · · · · · · ·		E	igibility Worker S	Signature And Date		٧	Vorker Numbe
	ne 3 or 4 as "from stepperent."	er an it is an ere desired and an established	, - -		1	1800-			0123
_	176 W (1/90)			<u>. L</u>	<u> </u>	4 ~~~			1/1

Ex. 2

ALL	OCATION/SPECIAL DEDUCT	ON WORKSHEE	T A	Coun	ry Use	Date This Fo	orm Effective	
Case	John Doe			Case	77 - 123456769	Number in M	_ 1/_ //	
I.	CHILDREN WITH SEPARATE INC	OME OR PROPERTY	EXCLUDED			<u>ل</u>	_ 7	
1.	Maintenance need to MFBU plus	excluded child(ren)	\$,				
2	Maintenance need for MFbU		\$					
3	Excluded child(ren) s share of mar (line 1 minus line 2)	ntenance need	\$					
4	Net nonexempt income of excluded	child(ren)	\$					
5.	Allocation to excluded child(ren) (line 3 minus line 4)		s					
	Enter above amount on MC 176 M	, column III, line 9						
					DO NOT USE PART III FOR LTC SPOUSE - GO TO PARTS VII TI		ITH A COMMUNIT	Y
				101.	ALLOCATION FROM BOARD A AND/OR CHILDREN AT HOME, COMMUNITY SPOUSE TO CHIL	OR FROM LT	C PERSON WITH	
				1.	Maintenance need for spouse and/o (other than excluded children)	or children at ho	me \$	
u.	SSVSSP OR IHSS RECIPIENT(S)	IN FAMILY—INCOM	E AVAILABLE/	2.	Total countable income of spouse and/or nonexcluded children	\$		
1.	SSI/SSP appropriate payment level (plus IHSS authorization for IHSS	\$		3.	Total allocations/deductions of spouse and/or nonexcluded children	\$		
2.	only) Actual SSI/SSP payment (or IHSS payment)	s		4.	Total net nonexempt income of a nonexcluded children (line 2 mir		\$	
3.	Net nonexempt income used to determine grant (or IHSS)		\$	S.	(line 1 minus line 5)	nonexcluded o	treidren \$	
4.	(line 1 minus line 2) Gross unearned income of SSVSSP or IHSS recipient (other than	\$			Total countable income of person in LTC or board and care Health insurance for person in	\$		
5.	grant or IHSS payment) SSI/SSP unearned income deductions and exemptions	s		8.	LTC or board and care	s person in 1 TC		
6.	Net nonexempt unearmed income (line 4 minus line 5)	\$		9.	board and care (line 6 minus lin		\$	
7	Gross earned income of SSI/SSP or IHSS recipient	3			. Maintenance need for person in	•		
8.	SSI/SSP earned income deductions and exemptions	\$			LTC or board and care Total amount needed for mainte	\$	1	
9.	Net nonexempt earned income (line 7 minus line 8)			<u> </u>	(add lines 9 and 10)			
10.	Total net nonexempt income (add lines 6 and 9)			12	. Amount available for allocation children (line 8 minus line11)	m spouse and	\$	
11.	If line 10 is greater than line 3, the income evallable to the MFBU and	difference is	8		. Allocation to spouse and/or chil (line 5 or line 12, whichever is t	105)	\$	
	and on MC 176 M, column I or II, is recipient income available*	ne 3, as TPA	8	A	For share of cost determination ABD person, enter above amor For share of cost determination	ant on MC 176	i M., column III, line	3
12.	If line 10 is less than line 3, the dif- allocation to the SSI/SSP or IHSS is entered here and on MC 176 M.	recipient and	\$		enter above amount on MC 17	i M., column il	, line 4 	
Eligib	ility Worker Signature)		Worl	Ker Number	Dat	of Computation	
	U Y	04			0123	L	413/91	

SNEEDE V. KIZER RESPONSIBLE RELATIVE DETERMINATION

(Complete Only If Parent Is In MFBU)

John Doe Case Number	County District 77 Effective Date Mo. Year
INSTRUCTIONS:	04 91

INSTRUCTIONS:

- Complete only when MFBU exceeds Property Limits or has a Share of Cost. 1)
- Property and Income allocations are only from Spouse to Spouse and from Parent to 2) Natural/Adoptive Child(ren).
- Complete only Column A when the household consists of only a single parent. 3)
- Complete Columns A and B in all other situations. 4)

Enter name(s) of PARENT/SPOUSE (do not list PA/Other PA): List others for whom Parent/Spouse is responsible. (List excluded and ineligible child(ren). DO NOT LIST UNBORN, PA/OTHER PA.	John Doe spouse* Mary Tim Tony Teri	Mary Doe spouse* John Tim Tony Teri
* Leave blank if unmarried.	5 TOTAL # PERSONS IN COLUMN A	

Next complete the MC 175-3P for Property Determinations or the MC 175-3I for Share of Cost Determinations.

Eligibility Worker Signature	. 1	Worker Number	
	uxu	naker Mullion	Date
			<u> 4/3/91</u>

D.	TOTAL COUNTABLE INCOME: AFDC-MN/MI and/or ABD-MN	NAME: John	NAME: Mary	NAME:	NAME:
16.	Countable uneamed income (from line 10)	0	700	0	100
17.	Countable earned income (from line 14 or 15)	1410	0	0	0
18.	Income allocated from LTC/B&C person to family members at home (from MC176W, Part B OR from MC 175-7, line C. 2)	0	0	0	0
19.	Total countable income (add lines 16, 17, 18)	1410	700	0	100

E.	OTHER DEDUCTIONS: AFDC-MN/MI and/or ABD-MN				
20.	Health Insurance				
21.	Child Support/Alimony Paid				
22.	Income to determine PA Eligibility (MC 175-6, line B. 3 or B. 4)				
23.					
24.	Total deductions (add 20 through 23)	0	0	0	0
25.	Total net countable income (line 19 minus line 24) Enter this on MC 175-4 if no parent in MFBU; otherwise continue.	1410	700	0	100

F.	PARENTAL/SPOUSAL ALLOCATION: AFDC-MN/MI and/or ABD-MN (skip if no parent in MFBU)				
26.	Parent's total net nonexempt income LESS in-kind income and income from PA/Other PA, LTC, or B&C spouse (line 25 minus lines 4, 5, 18)	1410	700		
27.	Number of persons for whom Parent A is responsible. (section A of MC175-2)	5			
28.	Number of persons for whom Parent B is responsible (section B of MC175-2)		5		
29.	Child's natural/adoptive parent (see MC175-2) (circle A or B, or both)			B	6 3
30.	Parent A's allocation to self, spouse (if any) & natural/adopted children (divide Parent A's line 26 by line 27) (Enter in each applicable box.) Do not enter under Parent 8 if unmarried.	212	282	292	282
31.	Parent B's allocation to self, spouse (if any) & natural/adopted children (divide Parent B's line 26 by line 28) (Enter in each applicable box.) Do not enter under Parent A if unmarried.	140	140	140	140
32.	Enter child's net countable income (from line 25)			0	100
33.	Child's total net nonexempt income (add lines 30, 31, 32). Enter on MC 175-4			422	512
34.	Parent's total net nonexempt income (add lines 4, 5, 18, 30, 31). Enter on MC 175-4	422	422		

Go to MC 175-4 next.

ELIGIBILITY WORKER SIGNATURE	. 1	WORKER NUMBER	COMPUTATION DATE
<u> </u>	1 Lu	0123	4/3/91

SNEEDE v. KIZER MINI BUDGET UNITS AND:

(CHECK ONLY ONE)

SHARE OF COST DETERMINATIONS

PROPERTY DETERMINATIONS

Case Name John Doc	County District	County Use
Case Number	Effective Date Mo.	vr. 9/

Instructions:

- 1. Include unborn in the mother's mini budget unit (MBU) and property limit/maintenance need income level, unless mother is married and only her separate children want Medi-Cal. If pregnant woman is PA/Other PA, include the unborn in the spouse's or father's MBU.
- Do not include an excluded child.
- 3. Do not list MBU members in more than one MBU.
- 4. If any MBU has excess property, check to see if Medi-Cal linkage still exists for other family members.
- 5. Property Determinations: Enter the allocation for each spouse from MC 175-3P, line 18. Enter the net nonexempt property for each child and/or caretaker relative from MC 175-3P, line 29.
- 6. Share of Cost Determinations: Enter each person's net nonexempt income from MC 175-3I.
- 7. If only the separate children of one spouse want Medi-Cal, enter the amounts from lines 13 and 23 of MC 176W.1 for property determinations and the amounts from lines 28 and 29 of MC 176W.1 for share of cost determinations.

MBU #			
Person Name/No.		Net ☐ Property Nonexempt ☑ Income	
1. John		422	
2. Mary		422	
3. TIM		422	
4.			
5			
6.			
7.	 		
8.	1		
9.			
10.	L		
TOTAL		12/06	
MBU's Preperty Limit (Check one) Maintenance Need		934	
(Check one)	or i	332	
Rounded Share of Co	st	332	
If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 boar after 9/30/83 in MBU? No; stop here. Yes; go to MC 175-5			

	MBU#_c	2	
Person Name/No.		rig	Net ☐ Property Nonexempt ☐ Income
1. Tony			522
3.			
4.			
5. 6.			
7.			
8. · · · 9.		-	
10.			
	TOTAL		522
MBU's Propo (Check one) Main	erty Limit tenance Need		312
(Check one) Sproper	cess Property hare of Cost for ty-eligible perso	ns	210
Round	ed Share of Cos	t	
If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 boar after 9/30/83 in MBU? No: stop here. Yes: go to MC 175-5			

Signature of Witness (required if applicant signed by mark)

Date

se Name	John Doe Case Number	
	Sneede v. <u>Kizer</u> Excluded Child Statement from Parent or Caretak (New Application and Annual Redeterminal	er Relative tion)
	I understand that	l bonette
Signatur	a of Serent or Caretakes Relative	
	e of Figrent or Caretaked Fletative One of person acting for applicant and relationship (guardian, conservator, etc.)	Date 4/1/91

Sneede v. Kizer MEDI-CAL NOTICE OF ACTION APPROVAL FOR BENEFITS OR CHANGE IN SHARE OF COST

Notice Date:	4/3/9/
Case No.:	
Worker Name/No.:	
Worker Telephone	No.:
This Affects:	Tony Doe

Net Amount

(County Stamp)

John Doe		Case No.; Worker Name/No. Worker Telephone	
		This Affects:	Tony Doe
This case has been affected by a law suit called <u>Sne</u>	 <u>eede</u> v. <u>Kizer</u> . A fed	eral court ruled that Medi-Cal ca	an only use the income of
certain family members when figuring the share of members may have different shares of cost.			•
The application for Medi-Cal benefits for the pe	ost.		,
The application for Medi-Cal benefits for the period of Cost is \$ Their share of cost is \$	eople listed above h	nas been approved and benefits	will begin the first day of

 	·
	\$
	\$
	\$
	\$
Total net nonexempt income	\$ 522
Maintenance Need	\$ _ 3/2
Excess Income	\$ 210
Adjustment	\$
Share of cost	s 210

The Medi-Cal share of cost for people listed above has changed from \$____

The people listed above will receive their Medi-Cal card soon.

The income used to figure the share of cost is as follows: Person

ナヘハン

Follow the instruction sheet called <u>Sneede</u> v. <u>Kizer</u>: HOW TO LIST MEDICAL EXPENSES ON YOUR RECORD OF HEALTH CARE (SHARE OF COST) FORM. If the medical expenses are more than the share of cost for any period, a Medi-Cal card will be issued after the form has been completed and approved.

When the people listed above receive their Medi-Cal card, they must always take their card to their doctor or to any other Medi-Ca provider who give or has given medical care in that month.

If there are any changes in address, income, property, family members, living arrangements, or if you have any questions, please write or phone your worker within 10 days.

The regulations which require this action are California Code of Regulations, Title 22, Sections 50653 and Sneede v. Kizer.

EX

Department of Health Services

Sneede v. Kizer MEDI-CAL NOTICE OF ACTION APPROVAL FOR BENEFITS OR CHANGE IN SHARE OF COST

		Ž
_	(, (1
Notice Date:	4/3/91	
Case No.:		
Worker Name/No.:		
Worker Telephone	No.:	

(County Stamp)

This Affects:

John De

This case has been affected by a law suit called <u>Sneede</u> v. <u>Kizer</u> . A federal court ruled that Medi-Cal can only use the income of	f
certain family members when figuring the share of cost of someone who receives Medi-Cal. This means that some family	r
members may have different shares of cost.	

	The application for Medi-Cal benefits for the people listed above has been They have no share of cost.	approved and benefits will begin the first day of
9	The application for Medi-Cal benefits for the people listed above has been Their share of cost is \$	approved and benefits will begin the first day of
	The Medi-Cal share of cost for people listed above has changed from \$	to \$
	The people listed above will receive their Medi-Cal card soon.	
	The income used to figure the share of cost is as follows:	
	<u>Person</u>	Net Amount
	ss	422
	mary s_	<u>'422</u>
		422
	\$	
	\$	
		10 ((
	Total net nonexempt income \$	1266
	Maintenance Need \$	934
	Excess Income \$	<u> 332</u>
	Adjustment \$	

Share of cost

Follow the instruction sheet called <u>Sneede</u> v. <u>Kizer</u>: HOW TO LIST MEDICAL EXPENSES ON YOUR RECORD OF HEALTH CARE (SHARE OF COST) FORM. If the medical expenses are more than the share of cost for any period, a Medi-Cal card will be issued <u>after</u> the form has been completed and approved.

When the people listed above receive their Medi-Cal card, they must always take their card to their doctor or to any other Medi-Cal provider who give or has given medical care in that month.

If there are any changes in address, income, property, family members, living arrangements, or if you have any questions, please write or phone your worker within 10 days.

The regulations which require this action are California Code of Regulations, Title 22, Sections 50653 and Sneede v. Kizer.

Example #3: Only the Separate Child(ren) of One Parent Wants Medi-Cal

Do not complete Section II of the MC 176W; do not complete 176M.)
A household consists of a married couple, the wife's separate child, the husband's separate child, and the couple's two mutual children. The couple only want Medi-Cal for the wife's separate child.

The MFBU shall consists of the following:

<Ineligible Mother> - Janice Smith
Mother's separate child - \$ - Sarah Johnson

The child receives \$150 per month child support; the mother has earned income of \$2500 per month.

New

I. N Regular Non-Sneede Method

There will be an allocation of income from the mother to those persons for whom she is responsible. (NOTE: The same procedures are followed for the property determination, but only the share of cost determination is discussed below.)

A. Responsible Relative Determination

Parent:	Mother - Janice Smith
Others for Whom The Parent Is Responsible:	Husband - Dean Smith Mutual Child A - Peggy Smith Mutual Child B - Sue Smith Wife's Separate Child - Sarah Johnson
	(5)

B. <u>Income</u> Allocation

See page 32 for property Information (non-Sneede).

\$2500 Mother's earned income
- 90 work deduction
\$2410 net earnings
divided by 5 = \$482.00 per person

C. Share of Cost Computation

\$ 482.00 mother's allocation to herself
+482.00 mother's allocation to separate child
+100.00 separate child's child support after \$50 deduction
total net nonexempt income
-750.00 MNIL for 2
314.00 SOC

Since there is a share of cost Sneede procedures will be applied.

NOTE: Income is name on the check rule; do not consider commun income (i.e. disregard spouse's income).



STEPPARENT COMPUTATION WHEN ONLY THE SEPARATE CHILDREN OF ONE SPOUSE WANT MEDI-CAL

(for use on non-Sneede cases)

CASE NAME	COUNTY DISTRICT	COUNTY USE
Janice Smith	77	
CASE NUMBER	EFFECTIVE DATE	
	мо. 04	yr. 91

INSTRUCTIONS:

• This worksheet is to be used when only the separate children of one spouse want Medi-Cal. The MFBU will consist of only the natural/adoptive parent (as an ineligible person) and his/her separate children who want Medi-Cal. IMPORTANT: IF PARENT IS PA/OTHER PA, DO NOT COMPLETE THIS FORM; THE MFBU WILL CONSIST OF ONLY THE SEPARATE CHILDREN WHO WANT MEDI-CAL.

Do not include in this MFBU the parent's spouse, mutual children, spouse's separate children, or the parent's other separate children who do not want Medi-Cal.

- Only a portion of the natural/adoptive parent's income and property will be used in these
 determinations. The rest will be considered as allocations to the spouse and to the parent's other
 natural/adopted children who do not want Medi-Cal.
- Enter exempt property and/or income on a separate sheet of paper.

 I. RESPONSIBLE RELATIVE DETERMINATION Do not list PA/Other A. Enter name of parent who wants Medi-Cal for only his/her separate children: B. Enter name of spouse: C. Enter the names of the ALL the parent's natural/adopted children (include both the children who do and who do not want Medi-Cal): 	
D. Total number of persons in lines I.A through I.C	5

II. PROPERTY DETERMINATION

A. Allocation from Natural/Adoptive Parent

- Consider only the natural/adoptive parent's separate and 1/2 community property; enter the total amount under Column II.
- If property is owned by more than one person, equally divide the net market value by the number of
 owners unless evidence is provided to rebut the division.
- Joint bank accounts: If available to the MFBU, do not count the money in a joint account against the MFBU more than once. Equally divide the bank account by the number of owners in the MFBU (subject to rebuttal).

I. List Only the Parent's Nonexempt Property	II. Value
1. Excess Other Real Property	
2. Checking (1/2 of 1000)	# 500
3. Savings separate	100
4. Life Insurance (CSV)	
5. Cash	
6. Nonexempt Vehicle	
7. Other	
8.	
9.	
10.	
11. Total Net Nonexempt Property	♣ 700
12. Number of persons for whom parent is responsible (Enter total from section I.D.)	5
13. Allocation to each person for whom parent is responsible (divide line 11 by line 12).	* 140

B. Net Nonexempt Property of Children in MFBU (Jonice's vehicle is exempt.)

Enter Name of Each Child in the MFBU	1. Sarah Johnson	2.	3.
14. Checking			
15. Savings	S	S	S
16. Nonexempt vehicle			
17. Nonexempt ORP			
18. Other			<u> </u>
19.			
20.			
21. TOTAL			
22. Allocation from Parent (enter amount from line 13 in each child's box)	140		
23. Subtotal net nonexempt property for MFBU (add lines 21 and 22)	140		
24. Total net Nonexempt Property for MFBU (add all the subtotals from lines 13 & 23)	280		
25. Enter property limit for MFBU	- 3000		
26. Excess Property	-0		

If ineligible due to excess property and the separate child(ren) who want Medi-Cal has own nonexempt property, Sneede case exists. Complete MC 175-4 next. Establish a single mini budget unit for the parent and his/her separate children who have no (or only exempt) property of his/her own. Establish a separate mini budget unit for each child with own nonexempt property. Enter amount from line 13 as Parent's net nonexempt property on MC 175S-4. Enter amount from line 23 as child's net nonexempt property on MC 175S-4.

If property eligible, continue.

III. SHARE OF COST DETERMINATION

INSTRUCTIONS: Do not consider community income; use "name on the check" rule. Consider only the Parent's income and income of the separate child who wants Medi-Cal.

Child/Spousal Support Payments Received: Child support is income to the child, not to the parent or caretaker

For AFDC-MN/MI only: Divide the \$50 per month deduction by the # of persons for whom the income is intended. Any unused remainder will be prorated among the remaining persons who

still have support payments to apply against the deduction.

For ABD-MN only:

Each ABD-MN child for whom absent parent support payments are intended will receive a 1/3 deduction from this income.

Unearned In-Kind Income: Prorate the unearned in-kind income among the persons who receive the income. Example: MFBU of 4 gets free housing. Use in-kind income for 4 and each person gets 1/4 of the in-kind income. If pregnant minor in MFBU, add unborn's share to

the pregnant minor's share of in-kind income.

ABD-MN Deductions:

Allow the ABD-MN child: \$20 any income deduction and \$65 plus 1/2 earned

income deduction.

•	ENTER NAME OF EACH MFBU MEMBER	Janice	Sarah		
	PERSON TYPE	Parent	5 € Child	☐ Child	□ Child
A.	NONEXEMPT UNEARNED INCOME:	7			
	AFDC-MN/MI and/or ABD-MN				
1.	RSDI				
2.	Net Income from Property				
3.	*Net Culd/Spousal Support Received	<i>*</i>	100		
4.	**In-kind Income				
5.					
6.				_	
7.	Total (add 1 thru 6)		100		
8.	*** ABD-MN \$20 Any Inc. Deduction (skip if AFDC-MN/MI)			-	
9.	Countable Unearned Income (7 minus 8; enter on section D, line 15)	0	100		
	· · · · · · · · · · · · · · · · · · ·	_			
В.	***NONEXEMPT EARNED INCOME- ABD-MN ONLY				······································
10.	Gross Earned Income				
11.	\$65 Earned Inc. Deduction PLUS \$ unused \$20 (line 8)				
	Remainder (10 minus 11)				
12.			4	1	
12. 13.	Countable earned income (divide line 12 by 2) (enter on section D, line 16)	0	0	<u></u>	
	Countable earned income (divide line 12 by 2) (enter on section D, line 16)	0	0		
	Countable earned income (divide line 12 by 2) (enter on section D, line 16) NONEXEMPT EARNED INCOME AFDC-MN/MI ONLY	0	0		
13.	Countable earned income (divide line 12 by 2) (enter on section D, line 16) NONEXEMPT EARNED INCOME	0	0		

ENTER COMPUTATION FOR CHILD/SPOUSAL SUPPORT and/or UNEARNED IN-KIND INCOME:

If any of the following deductions apply, complete MC 176W, Part VI before completing Sections A Section 50547 Educational Expenses

Student Deduction Section 50551 Section 5055 \$30 plus 1/3 Work Expenses for the Blind Section 50551.4 Income for Self-Support Section 50551.5

D.	TOTAL COUNTABLE INCOME: AFDC-MN/MI and/or ABD-MN	Name: Janice	Name: Sarah	Name:	Name:
15.	Countable unearned income (from line 9)	0	100		
16.	Countable earned income (from line 13 or 14)	24/0	4		
17.	Total countable income (add lines 15 and 16)	2410	100		
E.	OTHER DEDUCTIONS: AFDC-MN/MI and/or ABD-MN				
18.	Health Insurance				
19.	Child Support/Alimony Paid				
20.					
21.	Total Allocation/ deductions (add 18 through 21)	0	0		
23.	Total net countable income (line 17 minus line 22) Enter this on MC 175-4 if no parent in MFBU; otherwise continue.	2410	100		
F. 24.	PARENTAL ALLOCATION: AFDC-MN/MI and/or ABD-MN (skip if no parent in MFBU) Parent's total net nonexempt income LESS		<i>\///////</i>	/X//////	777377777777
	in-kind income (line 23 minus line 4)	2410	<i>- \ </i>		
25.	Number of persons for whom Parent is responsible. (See Section I.D.)	5			
2 6 .	Parent's allocation to self and separate children who want Medi-Cal (divide line 24 by line 25) (enter in each applicable box)	482	482		
27.	Enter child's net nonexempt income (from line 23)		100		
28.	Child's total net nonexempt income (add lines 26 and 27)		582		
29.	Parent's total net nonexempt income (add lines 4 and 26)	482			
30.	Total Net Nonexempt Income for MFBU (add all totals from lines 28 and 29)	1064			
31.	Maintenance Need for MFBU	750			
32.	Share of Cost (line 30 minus line 31)	314			
33.	Underpayment Adjustment				
34	Rounded Share of Cost	314			

- If SOC and separate children have own income, Sneede case exists. Next complete MC 175-4 and establish separate mini budget unit for parent and her children who have no (or exempt) income of their own. Establish a separate mini budget unit for each child with own nonexempt income. Enter amount from line 29 as Parent's net nonexempt income. Enter amount from line 28 as child's net nonexempt income.
- If SOC & separate children are under 6, or age 6 through 18 (born after 9/30/83), and do not have separate income, consider 100, 133, 185, and 200 Percent Programs. Use parent's income after allocations to persons outside of the MFBU (i.e., only consider income which is used in determining the share of cost).

Eligibility Worker Signature	Worker Number	Date of Computation
1190	ODZ	4/2/01

DEPARTMENT OF HEALTH SERVICES

SNEEDE v. KIZER MINI BUDGET UNITS AND:

(CHECK ONLY ONE)

SHARE OF COST DETERMINATIONS

PROPERTY DETERMINATIONS

Case Name Tonice Smith	County District	County Use
Case Number	Effective Date Mo.	4 vr. 9/

Instructions:

- Include unborn in the mother's mini budget unit (MBU) and property limit/maintenance need income level, unless mother is married and only her separate children want Medi-Cal. If pregnant woman is PA/Other PA, include the unborn in the spouse's or father's MBU.
- 2. Do not include an excluded child.
- 3. Do not list MBU members in more than one MBU.
- 4. If any MBU has excess property, check to see if Medi-Cal linkage still exists for other family members.
- Property Determinations: Enter the allocation for each spouse from MC 175-3P, line 18. Enter the net nonexempt property for each child and/or caretaker relative from MC 175-3P, line 29.
- 6. Share of Cost Determinations: Enter each person's net nonexempt income from MC 175-3I.
- 7. If only the separate children of one spouse want Medi-Cal, enter the amounts from lines 13 and 23 of MC 176W.1 for property determinations and the amounts from lines 28 and 29 of MC 176W.1 for share of cost determinations.

MBU #		_	
Person Name/No.	Orig Aid	Net ☐ Property Nonexempt ☐ Income	
1. Januce Smith		Ineligible	
3.	ļ		
4.	 		
6.	1		
7.	+		
8. 9.	+		
10.			
TOTAL			
MBU's ☐ Property Limit (Check one) ☐ Maintenance Need	J		
☐ Excess Propert (Check one) ☐ Share of Cost of property-eligible per	or .		
Rounded Share of Cost			
If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 born after 9/30/83 in MBU? No; stop here. Yes; go to MC 175-5			

MBU #	2	
Person Name/No.	Orig Aid	Net ☐ Property Nonexempt ﷺIncome
1 Sarah Johnson		582.00
2. 3.	<u> </u>	
4.		
5.	-	<u> </u>
6. 7.	\vdash	
8.		
9.	igapha	
10.	<u> </u>	1-00 00
TOTAL		1 3 50.00
MBU's Property Limit (Check one) Maintenance Need		325.00
(Check one) Excess Property Share of Cost for property-eligible per	y or sons	207
Rounded Share of C		207
If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 born after 9/30/83 in MBU? No; stop here.		

Yes; go to MC 175-5

MBU #		_			ſ	MBU #		_
Person Name/No.		Net ☐ Property Nonexempt ☐ Income				Person Name/No.	Orig Aid	Net ☐ Property Nonexempt ☐ Income
1.					ŀ	1.		
2.			\neg			2.		
3.			\neg			3.		
4.			\neg		ſ	4.		
5.						5.		
6./		`	$oldsymbol{\perp}$			6.		
<i></i>			Δ	Ļ	ļ	7.	<u> </u>	
8.				Λ	L	8.		
9.					-	9.	ļ	
10.	L			۱ ۱	۱ -	10.	<u> </u>	
TOTAL				ļ '		TOTAL		
MBU's Property Limit (Check one) Maintenance Need						MBU's (Check one) Property Limit Maintenance Need		
(Check one)	r			/	$' \mid$	(Check one)) F	
Rounded Share of Co	st			V_{-}		Rounded Share of Co	ost	
If SOC, is there a property-eligible prunder 6 or 6 through 18 born after 9/ No; stop he	30/83	in MBU?				If SOC, is there a property-eligible punder 6 or 6 through 18 born after 9. No; stop h Yes; go to	ere.	
			/ 	,	-			
MBU #		_	3			MBU #		·
Person Name/No.		Net ☐ Property Nonexempt ☐ Income				Person Name/No.		Net ☐ Property Nonexempt ☐ Income
1.				1	Į	1.	1	
2.		\		1	ļ	2.		
3.		\\		1		3.	<u> </u>	
4.			7	1		4.	1	
5.			$_{\perp}$	1		<u>5.</u>	 	
6.				X		6.	-	
7.				1	, J	7.	ļ	
8.				↓ `		8.	 	
9.	ļ			-	Υ	9.	 	
10.	İ			-		10.	1	
TOTAL						TOTAL		
MBU's Property Limit (Check one) Maintenance Need						MBU's Property Limit (Check one) Maintenance Need		
Check one) Excess Property (Check one) Share of Cost to property-eligible person	r					☐ Excess Propert (Check one) ☐ Share of Cost fi property-eligible pers	or T	
Rounded Share of Co	st					Rounded Share of C		
If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 born after 9/30/83 in MBU? No; stop here. Yes; go to MC 175-5			-	If SOC, is there a property-eligible punder 6 or 6 through 18 born after 9 No; stop h	/30/8 lere.	3 in MBU?		
				J				

Eligibility Worker Signature	Worker Number	Date of Computation 4/3/9/
900		///

MEDI-CAL INFORMATION NOTICE TO SNEEDE CLASS MEMBERS WHO ARE RESPONSIBLE RELATIVES

County Stamp

Janice Smith

State No.:

District:

Case Name:

[

THE STATE MAY OWE YOU MONEY!!

Under a case called <u>Sneede</u> v. <u>Kizer</u>, the county has found that you (or a member of your family) may have been wrongly denied benefits or had a share of cost which may have been too high.

You MAY be paid back for medical expenses which you or a member of your family paid on or after May 1, 1986. Also, Medi-Cal MAY pay bills which you still owe for medical services, drugs, etc. you or your family member got on or after May 1, 1986.

SAVE YOUR BILLS, RECEIPTS AND CANCELLED CHECKS which show that you had medical bills for yourself or any member of your family since May 1, 1986.

The court case is not done yet. You will be notified at the end of the case if you can get the benefits described in this notice.

If you move, be sure to tell the county your new address and phone number. Call or write your Medi-Cal worker.

4 Lu		4/3/91
(Eligibility worker)	(Phone Number)	(Date)

Oldmon all transport

Sneede v. Kizer MEDI-CAL NOTICE OF ACTION APPROVAL FOR BENEFITS OR

	CHANGE IN SHARE OF COST	
	Janice Smith	Notice Date: 4/3/9/ Case No.: Worker Name/No.: Worker Telephone No.: This Affects: Savah Johns
ertair nemb	ase has been affected by a law suit called <u>Sneede</u> v. <u>Kizer</u> . An family members when figuring the share of cost of some pers may have different shares of cost. The application for Medi-Cal benefits for the people listed about the people. They have no share of cost. The application for Medi-Cal benefits for the people listed about the pe	one who receives Medi-Cal. This means that some family ove has been approved and benefits will begin the first day of
	The application for Medi-Car benefits for the people listed above $4/9/$. Their share of $\cos t$ is $\frac{207}{}$	
] -	The Medi-Cal share of cost for people listed above has chang	ed from \$ to \$
_] -	The people listed above will receive their Medi-Cal card soon.	
	The income used to figure the share of cost is as follows:	
	Sacah	Net Amount \$ \$ \$ \$ \$ \$
	Total net nonexempt income	\$ 582
	Maintenance Need	\$ <u>375</u>
	Excess Income	\$ <u>20.1</u>
	Adjustment Share of cost	\$ 207
	SHALE DI CUSL	T

Follow the instruction sheet called <u>Sneede v. Kizer</u>: HOW TO LIST **MEDICAL** EXPENSES ON YOUR RECORD OF HEALTH CARE (SHARE OF COST) FORM. If the medical expenses are more than the share of cost for any period, a Medi-Cal card will be issued <u>after</u> the form has been completed and approved.

When the people listed above receive their Medi-Cal card, they must always take their card to their doctor or to any other Medi-Cal provider who give or has given medical care in that month.

If there are any changes in address, income, property, family members, living arrangements, or if you have any questions, please write or phone your worker within 10 days.

The regulations which require this action are California Code of Regulations, Title 22, Sections 50653 and Sneede v. Kizer.



SNEEDE V. KIZER HOW TO LIST MEDICAL EXPENSES ON YOUR SHARE OF COST FORM (RECORD OF HEALTH CARE COSTS)

Your Medi-Cal case has been affected by a lawsuit called <u>Sneede</u> v. <u>Kizer</u>. This lawsuit limits which family members can use their medical expenses that are not billed to Medi-Cal.

If you are a spouse or a parent, you have the choice of listing your medical expenses on any share of cost form in which your name appears. You may list all of your medical expenses on a single form, or you may divide up a bill and list it on two or more forms in which your name appears. However, the total reported for a single service cannot be more than the original bill.

If you are a child, your medical expenses can only be listed on the share of cost form in which your name appears.

If you are a caretaker relative such as a grandparent, aunt, uncle, etc., your medical expenses can only be listed on the share of cost form in which your name appears.

If you have any questions about how to list medical expenses on the share of cost form, please call or write your Medi-Cal worker.

MC 239 SN-6 (8/91)

SNEEDE V. KEER COMO ANOTAR GASTES MEDICOS EN SU FORMULARIO DE PARTE DEL COSTO (REGISTRO DE CONTROL DE SUS GASTOS MEDICOS)

Su caso respecto a beneficios de Medi-Cal ha sido afectado por la demanda legal en el caso llamado <u>Sneede</u> v. <u>Kizer</u>. Este juicio establece cuales miembros de la familia pueden usar sus gastos médicos que no se cobran a Medi-Cal.

Si usted es el esposo(a) o padre/madre, tiene la opción de anotar los gastos médicos en cualquier formulario para parte del costo en el cual aparezca su nombre. Puede anotar todos los gastos médicos en en un solo formulario, o puede dividir el cobro y mencionario en dos o más formularios en el cual aparece el nombre suyo. Sin embargo, el total que se reporte por un solo servicio, no puede ser mayor que el cobro original.

Si usted es un mez a, los gastos médicos de usted, solamente pueden ser anotados en el formulario de parte de costo donde aparezca el nombre suyo.

Si usted es un pariente encargado del cuidado de alguien, como un abuelo(a), tío(a), etc., los gastos médicos suyos solamente pueden ser anotados en el formulario de parte del costo en que aparezca el nombre de suyo.

Si tiene preguntas sobre cómo anotar gastos médicos en el formulario de parte del costo, por favor escríbale o llame a su trabajador(a) de Medi-Cal.

iii. Net Nonexempt Property

Unmarried Man	Unmarried Woman	Mutual Child under 1
\$ 800	\$ 600	\$ 800 from dad +600 from mom
		<u>+ 25</u> own \$1425 total

Unmarried Man's Separate Child

\$ 800 from dad (total net)

iv. MBU and Property Determination

MBU #1	MBU #2	MBU #3
Unmarried Man Separate Child	Unmarried Woman Unborn	Mutual child
\$ 800 dad's + 800 from dad \$ 1600 net property -3000 limit for 2* \$ 0 excess	\$ 600 net property -3000 limit for 2* \$ 0 excess	\$ 25 own + 800 from father + 600 from mother \$ 1425 net property -1050 limit* \$ 375 excess property

*See Sneede Property Limit Chart

v. Share of Cost Determination (Existing procedures)

\$1315	unmarried man's gross earnings
	work deductions
\$1225	
+300	woman's UIB
\$1525	
+150	net child support for man's separate child
\$1675	net nonexempt income
	MNIL for 5
S 416	SOC

Since there is a SOC under existing regulations, the county will apply Sneede to the SOC determination.

The MC 1775 for the unmarried man's separate child (MBU #3) will list the child as an eligible person and the unmarried father as a responsible relative. The father may use his medical expenses not covered by Medi-Cal in his separate child's MBU.

The property ineligible mutual child cannot apply his/her medical expenses towards anyone's share of cost because he/she is in his/her own MBU.

viii. Sneede Procedures and the Special Zero Share of Cost Programs

The pregnant woman (and unborn) had no SOC under step vii above; therefore, they will not be evaluated under the special zero share of cost program since they are eligible for full (or emergency/pregnancy related) scope benefits under the regular MI/MN program.

The unmarried man's separate five year old child has a SOC of \$183. Since the father (unmarried man) is financially responsible for this child, the full, net nonexempt income of the father and his separate child must be used to determine the child's eligibility to the zero share of cost programs. This income is compared to the 133% of federal poverty level for the number of persons in the MFBU: except for the unmarried woman: **

Father + his separate child + mutual child + mutual unborn - FPL for 4.

Special Zero SOC Program Computation

\$1225	unmarried man's net nonexempt earned income
	separate child's net child support
\$1375	total net nonexempt family income

compared to

133% federal poverty level for family of 4 -- \$1408 5: \$1736

Therefore, the separate child is eligible for the 133 Percent program.

If the family's nonexempt income had exceeded 133% of federal poverty level, the separate child would have been ineligible for the 133 Percent program. The county would have sent a notice to the applicant advising him/her that the separate child has a share of cost of \$283 per month and is ineligible to the 133 Percent program due to excess income.

Since this example was originally written in 1990, the procedure for determining family size for the federal poverty level has been changed. The family size for the federal poverty level programs is now the same as the number of persons in the MFBU.

PROPERTY WORK SHEET

Name .	Becky	Benson		Case Number			Month	06/9	1
REA	L PROPERTY					ROPERT	Y RESERVE: USE REV		,
A.	PRINCIPAL RES	SIDENCE (PR) Yo. Queen Pers. Prop. (es 🖸 No				OF PERSONS IN MFBU_ TY INCLUDED IN PROPER	TV RESERVE	
8.	OTHER REAL F encumbrances of Note: If ORP ow	PROPERTY (ORP) Do of ORP on reverse, are rened jointly with perse value and encumbral	etermine market nd list in B1 and l ons not in MFBU	B2. , list only the	1.	Excess va a. Enter f	lue ORP rom Col I, line D1 rom Col I, line D5		s
1.	Market Value pe	r Section 50412		\$	2.	Notes, mo	ortgages, deeds of trust NO	T from the	
2.		per Section 50413		\$			al property owned by MFBL		\$
3.		e (line 1 minus line 2)		\$	3.		sets (money, checking/savir		
4.	Life Estate (dete and procedure 9	rmine value per Sect A)	ion 50442	\$	4.	CSV of no	onds, etc. (other than for bu onexempt life insurance		\$ 3625
5.		e of notes, mortgage: f real property owned		\$	5. 6.	not exem	ts, vaults, or crypts not for f pt as other real property. purial reserves in excess of	•	\$
6.	Total net other re Enter in Col. I. li	eal property (add line ne D1	s 3, 4, and 5)	\$	7.	\$1,800 if i	irrevocable for each person boats, campers, or trailers;	•	\$
C.	INCOME FROM			1		-	pt for transportation.		
1.	Rental Income	☐ Monthly ☐ Yearly, if yes, \$	+ 12	\$	Į lt	em	Market Value e.g., DMV license fee x 50 or appraised value	Encumbrance	
	a. \$			1			-		\$
	Line C 1		\$]			•	_	\$
	b. + \$4.17		\$ 4.17] [_	<u> </u>	\$
	c. Line a + b		\$]	8.		not exempt and valued over	\$100.	\$
	d. Actual upkee		\$		9.	Business			- ,
	e. Greater of lin			\$			rty necessary for employme litation that is NOT exempt		s
3.	Interest	☐ Monthly ☐ Yearly, if yes, \$	+ 12				rty necessary for self-support		
4.	Taxes and Assessments	☐ Monthly ☐ Yearly, if yes, \$					let value of property or self-support (list on		
	A3363311161113	☐ Monthly					eparate sheet)	\$	
5.	Utilities	O Yearly, if yes,	+ 12	\$		(2) €	5% per year return	\$ x.005	
		☐ Monthly				(3) F	Reasonable rate of return	\$	⊣
6.	Insurance	☐ Yearly, if yes, \$		\$			Monthly income	\$	
7.	Total expenses	(add lines 2e through	1 6)				s 9b(4) equal to or greater		
8.	Net rental incon MC 176 M Colu	ne (line 1 minus line : mn I or II)	7) Enter on	\$	-		9b(3)? Yes ☐ No f yes, enter Ø. f no, determine if property v	vill earn	
9.	(Section 50508)	RP other than rental i (Enter on MC 176 M	Column I or II)			r	easonable rate of return pe 50485. If no, enter line 9b(r Section	\$
10.		om ORP (line 8 plus l	ne 9)	\$. 10.	a. Liqui	d assets for means of	}	
D.	UTILIZATION					self :	support	\$	
1.		t value of ORP (from	Col 1, line B6)	x .005			age monthly expenditures		
<u>2.</u> 3.	income needed	lization requirement		A 1.005			neans of self- ort x 3.	\$	
4.	a is C10 grea		Yes	□ No □		c. Cour	ntable liquid assets from me support (line 10a minus line	ans of	\$
		ation met. If no, reco Frepair, if lower.	mbare tengring	onio mui soudi	11		untable property		\$
	b. Is C10 now	greater than or equa	to D3? Yes	□ No □	12.		perty reserve (add lines 1 t	hrough 11)	\$ 3425
	If yes, utiliza	ation met.		□ No □	13.		limit for MFBU (from line I		\$ 3450
5.	Exemption: If 4	utilization period imp 4a, b, or c is yes, ente e D1. Otherwise, en	er lesser	u No u	0	is line 13 Yes – pro Explain	3 greater than or equal to linguistry eligible; M. No — exc property requirements. Complete Sneede Screening	ne 12? ess property – in	eligible. *

County Use

PERIOD OF INELIGIBILITY WORK SHEET

THIS ONLY APPLIES TO TRANSFERS MADE BY INSTITUTIONALIZED INDIVIDUALS OCCURRING BEFORE 1/1/90.

Period of ineligibility can be reduced at any time applicant/beneficiary receives addition Period of ineligibility terminates if property is transferred back.	al compensation.
A. DETERMINE NET UNCOMPENSATED VALUE	
 Net Market Value (MV) Amount of Compensation Received in Excess of Encumbrances and Closing Cos Uncompensated Value (line 1 minus line 2) Amount Available in Property Reserve Property Reserve for MFBU at the Time of the Transfer Total Property Reserve at the Time of the Transfer Line a Minus Line b Net Uncompensated Value (line 3 minus line 4c) 	\$
B. PERIOD OF INELIGIBILITY	
 Net Uncompensated Value* Total amount of the following expenses incurred since transfer of property: Medical expenses Out-of-home care costs in excess of maintenance needs Major home repairs needed to put home in livable condition Adjusted Net Uncompensated Value (line B1 minus B2) Computation of Months of Ineligibility	\$\$ \$\$ \$\$ \$ Month/Year
III. SNEEDE: PROPERTY SCREENING	
If excess property and MFBU includes child(ren) complete the following:	
DOES THE MFBU INCLUDE:	YES NO
a. A stepparent with property?	V
b. An unmarried couple with mutual child(ren)	
c. A child with own nonexempt property?	
d. A nonparent caretaker relative in the same MFBU with the child(ren) for whom care is provided and the caretaker wants Medi-Cal?	
If "NO" to all of the above, stop here.	
 If "YES" to any of the above and: (1) the MFBU includes a parent, complete MC175-2, MC175-3P, 8 (2) the MFBU does not include a parent, complete MC175-3P & M 	MC175-4. C175-4.

9 Lu 0/23

SNEEDE V. KIZER RESPONSIBLE RELATIVE DETERMINATION

(Complete Only If Parent Is In MFBU)

Case Name	County District	County Use
Becky Benson	77	
Case Number	Effective Date	Mo. Year
		06 / 91

INSTRUCTIONS:

- 1) Complete only when MFBU exceeds Property Limits or has a Share of Cost.
- 2) Property and Income allocations are only from Spouse to Spouse and from Parent to Natural/Adoptive Child(ren).
- 3) Complete only Column A when the household consists of only a single parent.
- 4) Complete Columns A and B in all other situations.

F-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	(4)	
Enter name(s) of	(A)	(B)
PARENT/SPOUSE (do not list PA/Other PA):		
·	Andre Acces	0.0 4.1
List others for whom Parent/Spouse is responsible. (List	Becky Banson	Bill Bates
excluded and ineligible child(ren). DO NOT LIST	spouse*	spouse*
UNBORN, PA/OTHER PA.	Bobby Bates	Bobby Bates
	J	Burt Bates
	- T	
•		
* Leave blank if unmarried.	TOTAL # PERSONS IN COLUMN A	3 TOTAL # PERSONS IN COLUMN B

Next complete the MC 175-3P for Property Determinations or the MC 175-3I for Share of Cost Determinations.

Eligibility Worker Signature	Worker Number	Date
UKu.	りによる	(1/3/91

SNEEDE V. KIZER PROPERTY WORKSHEET

Case Name	County District		County Use	
Becky Benson	77			
Case Number		Effect	ive Date	
		Mo.	06	Yr. 91

INSTRUCTIONS:

- List all nonexempt property from MC 176P.
- If property is owned by more than one person, equally divide the net market value by the number of owners unless evidence is provided to rebut the division.
- Joint bank accounts: If available to anyone in the MFBU, do not count the money in a joint account against the MFBU more than once. Equally prorate the bank account among the owners in the MFBU (subject to rebuttal).
- Other real property (ORP) must be evaluated to determine if the utilization requirement is met. The \$6,000 exemption for
 utilized ORP may be spread out over multiple pieces of utilized ORP to maximize eligibility for the multiple mini budget units.
- If excess property is determined for only some of the mini budget units and Medi-Cal is needed for someone in a property-ineligible mini budget unit, the EW may need to exempt a different vehicle or spread the \$6,000 exemption in a different manner to determine if eligibility can be established for the property-ineligible mini budget unit.
- Motor Vehicle and \$6,000 Utilized Other Real Property Exemptions:
 - The MFBU of a MARRIED couple or SINGLE PARENT is allowed only one of each exemption.
 - Each UNMARRIED partner is allowed one of each exemption. His/her exemption may be passed on to a natural/adopted child if the unmarried parent has no such property or wishes to pass the exemption on to his/her child. However, both unmarried parents cannot pass on their exemptions to the same mutual child.
 - A CARETAKER RELATIVE who chooses to be in the same MFBU with the children for whom care is provided is allowed
 one set of exemptions. In addition, the CHILDREN for whom care is provided are allowed one set of exemptions as a
 group.

I. ALLOCATION FROM SPOUSE/PARENT

- 1. For a married couple, enter their total community property in Column II. Enter each spouse's separate property in Column III.
- 2. For an unmarried couple or a single parent, enter their separate property in Column III; leave Column II blank.

List exempt property and name of owner:	
	7
	1
	_

I. List Only the Parent's Nonexempt Property II. COMMUN			III. SEPARATI			
		PROPERTY	PARENT A	PARENT B		
1. Nonexempt Other Real Property						
2. Checking						
3. Savings			1200	2400		
4. CSV of nonexempt life insurance						
5. Cash						
6. Nonexempt Vehicle						
7. Other						
8.						
9.						
10.						
11. Subtotal Net Nonexempt Property	S		5 1200	s 2400		
12. Enter each spouse's share of community (divide line 11, Column II by 2)	prope	rty	s	\$		
13. Parent's total net nonexempt property (a	dd line	s 11 and 12)	1200	2,400		
14. Number of persons for whom each paren (see totals on MC 175-2).	nt is re	sponsible	2	3		
15. Allocation to each person for whom par (divide line 13 by line 14).	ent is	responsible	s 600	s 800		
			enter on line 27	enter on line 28		

II. ALLOCATION FROM SPOUSE TO SPOUSE (skip if MFBU does not co	ntain a married co	uple)
16. Enter line 15A in both boxes.	5	s
17. Enter line 15B in both boxes.	s	S
18. Total (add lines 16 and 17). This is each spouse's total share of their net nonexempt property. (Enter this amount on MC 175-4 in the married couple's mini budget unit.)	\$	3

Name of Child or Caretaker Relative	1. Bobby	2. Burt	3.	4.	5.
Child's Natural/Adoptive Parent - see Section I (circle A or B or both)	A) B	A (B)	A B	A B	
List Only the Child's or Caretaker Relative's Property:					//////////////////////////////////////
19. Checking	\$	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	S	4	4/////
20. Savings	25				13
21. Nonexempt vehicle			 	+	
22. Nonexempt ORP				 	
23. Other				 	
24.			·	-	
25.					
26. TOTAL	25	4			
27. Allocation from Parent A*	600				
28. Allocation from Parent B*	800	800	 		<u> </u>
29. Net Nonexempt Property (Add lines, 26, 27, 28) Enter on MC 175-4	1425	800			

^{*} Enter an allocation from Section I, line 15 only if this is the child's natural/adoptive parent. Leave blank if caretaker relative household.

Name of Child or Caretaker Relative	6.	7.	8.	9.	10.
Child's Natural/Adoptive Parent - see Section I (circle A or B or both)	A	A	B A]	3 A F	B A B
List Only the Child's or Caretaker Relative's Property:					
19. Checking	s	5	S		S
20. Savings					
21. Nonexempt vehicle					
22. Nonexempt ORP					-
23. Other					
24.					
25.					
26. TOTAL					_
27. Allocation from Parent A*	1				
28. Allocation from Parent B*					
29. Net Nonexempt Property (Add lines, 26, 27, 28) Enter on MC 175-4		-		-	

^{*} Enter an allocation from Section I, line 15 only if this is the child's natural/adoptive parent. Leave blank if caretaker relative household.

NEXT COMPLETE MC 175-4

Eligibility Worker Signature	Worker Number	Date of Computation
110.	1	1 1
uru	Ol=3	6/3/91
MC 175-3P - (1/18/91) Page 2		



SNEEDE v. KIZER MINI BUDGET UNITS AND:

(CHECK ONLY ONE)

☐ SHARE OF COST DETERMINATIONS ☐ PROPERTY DETERMINATIONS

Case Name	Becky Benson	County District	County Use
Case Number		Effective Date Mo. O G	ve. 91

Instructions:

- 1. Include unborn in the mother's mini budget unit (MBU) and property limit/maintenance need income level, unless mother is married and only her separate children want Medi-Cal. If pregnant woman is PA/Other PA, include the unborn in the spouse's or father's MBU.
- 2. Do not include an excluded child.
- 3. Do not list MBU members in more than one MBU.
- 4. If any MBU has excess property, check to see if Medi-Cal linkage still exists for other family members.
- 5. Property Determinations: Enter the allocation for each spouse from MC 175-3P, line 18. Enter the net nonexempt property for each child and/or caretaker relative from MC 175-3P, line 29.
- 6. Share of Cost Determinations: Enter each person's net nonexempt income from MC 175-3I.
- 7. If only the separate children of one spouse want Medi-Cal, enter the amounts from lines 13 and 23 of MC 176W.1 for property determinations and the amounts from lines 28 and 29 of MC 176W.1 for share of cost determinations.

MBU #/				
Person Name/No.	Orig Aid	Net ⊡ Nonexempt □	Property Income	
1. 13111 Bates		800)	
2 Burt Bates		80	0	
3.				
4.	<u> </u>			
5.				
6.	<u> </u>			
7	ļ			
8.				
9.	1	<u></u>		
10.	<u></u>			
TOTAL		160	20	
MBU's Property Limit (Check one) Maintenance Need		30	000	
(Check one)		}		
Rounded Share of Cost				
If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 bom after 9/30/83 in MBU? No; stop here. Yes; go to MC 175-5				

MBU #					
Person Name/No.	Orig Aid	Net ☐ Property Nonexempt ☐ Income			
1. Becky Benson		600			
2 unborn					
4.					
5.					
6.	L				
7.					
8.	ļ				
9.	-				
10.	<u></u>				
TOTAL		600			
MBU's Property Limit (Check one) Maintenance Need		3000			
☐ Excess Property (Check one) ☐ Share of Cost for property-eligible persons					
Rounded Share of Cost					
If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 born after 9/30/83 in MBU? No; stop here. Yes; go to MC 175-5					

MBU #	3		MBU	#	
Person Name/No.	Orig Aid	Net ☐ Property Nonexempt ☐ Income	Person Name/No.		Net ☐ Property Nonexempt ☐ Income
1 Bobby Bates		1425	1.		
2.			2.		
3.			3.		
4.			4.		
5. 6.			5. 6.		
7.		<u> </u>	7.		
8.			B.		
9.			9.		
10.			10.		
TOTAL		1425	тот	AL	
MBU's Property Limit (Check one) Maintenance Need		1050	MBU's ☐ Property Limit (Check one) ☐ Maintenance N		
☐ Excess Property (Check one) ☐ Share of Cost fo property-eligible personal control of the cont	r	375	(Check one)	ost for	
Rounded Share of Co	st		Rounded Share	of Cost	
If SOC, is there a property-eligible pr under 6 or 6 through 18 born after 9/ No; stop he Yes; go to i	30/83 ere.	in MBU?	If SOC, is there a property-eligit under 6 or 6 through 18 born af ☐ No; st ☐ Yes; g	ter 9/30/8 op here.	3 in MBU?
					······································
MBU #				#	
Person Name/No.	Orig Aid	Net ☐ Property Nonexempt ☐ Income	Person Name/No.		Net ☐ Property Nonexempt ☐ Income
1,			1.		
2.			2.		
3.	-		3.		
<u>4.</u> 5.	ļ		4. 5.		
6.			- 1 		
7.			- 7.		
8.	t		8.		
9.			9.		
10.			10.		
TOTAL			TOI	AL	
MBU's Property Limit (Check one) Maintenance Need			MBU's Property Limit (Check one) Maintenance	leed	
☐ Excess Property (Check one) ☐ Share of Cost for property-eligible person	r		(Check one) Share of C	ost for	
Rounded Share of Co	st		Rounded Share	of Cost	
If SOC, is there a property-eligible punder 6 or 6 through 18 born after 9/	30/83 ere.	3 in MBU?	If SOC, is there a property-eligi under 6 or 6 through 18 born a No; s	iter 9/30/8 top here.	3 in MBU?
•					

Eligibility Worker Signature	Worker Number	Date of Computation
7 30	10,20	9/0/11

State of California-Health and Welfare Agency Department of Health Servic SHARE OF COST DETERMINATION - MFEUS WHICH DO NOT INCLUDE LTC PERSONS Case Name County District Becky County Use Benson 77 Effective Eligibility Date for this Budge ▼ New Application □ Redetermination □ Change □ Retroactive Elig. ☐ Correction Mo. Υr. State Number Birthdate Sex (1) Social Security No. and Pers (2) Health Insurance Claim No. Name - First, Middle, Last Other 7 Digit Serial No. MEBU Mo. Day Yr. or Railroad Retirement No. Coveraç Benson 8-9-68 (2) 9-17-66 (1) (2) 8-30-90 (z)(1) 2-14-86 (2)12/91 (1) (2) (1) (2) (1) I. Income of MFBU members applying as aged, blind, II. Income of MFBU members not listed in I. III. Share of cost computation or disabled plus income of spouse or parent (except PA or other PA) (except PA or other PA) A. NONEXEMPT UNEARNED INCOME A. NONEXEMPT UNEARNED INCOME 1. Countable Income from I 14 a. ABD-MN Spouse or Parent 1. OASDI Countable Income from II 9 1. OASDI 3. Income allocated from LTC/B&C Net Income from Property person to family members at 2. Net Income home (176W, Part III) Other-Itemize from Property 4. Combined Countable Income 3. Other-Itemize (add 1, 2, and 3) 300 ALLOCATIONS AND DEDUCTIONS 4. 150 Allocation to excluded 5. Total Total unearned Income children (176W, Part I) (add 1 thru 4) 450 (add 1 thru 4) Income to determine PA 6. Combined unearned income Eligibility NONEXEMPT EARNED INCOME (add 5a and 5b) 7. Health Insurance -\$20 Total Net Earned Income 7. Any Income deduction 225 (MC 176W, Part IV, Line 11.) 8. 8. Countable unearned Income TOTAL COUNTABLE INCOME (6 minus 7) 7. Subtotal (add 5 and 6) 3. NONEXEMPT EARNED INCOME 9. 9. Gross Earned b. Child Support/Alimony Paid Total allocations/deductions Income 0. Combined earned Income (add 5 through 9) Total Countable Income (7 minus 8) (add 9a and 9b) Total net nonexempt income (4 minus 10) 1.\$65 earned Inc. deduction NOTE: plus \$ ____ unused \$20 12. Total net nonexempt income If there is income from which Educational rounded 2. Remainder (10 minus 11) Expenses are deducted (Section 50547), show calculations here. Enter net amount on line 3 or 4. 13. Maintenance need 3. Countable earned Income a. MFBU members not in (divide 12 by 2) Total income for educational purpose 4. Total countable Income LTC No. . Less total educational expenses (add 8 and 13) b. MFBU members in LTC Net countable income Personal needs Upkeep of home f any of the following deductions apply, complete Needs of disabled dependents AC 176W, Part VI before completing Column I: Total maintenance need Educational Expenses Section 50547 (13a + 13b)Absent Parent Support Section 50541 14. Share of cost Student Deduction Section 50551 (12 minus 13c) \$30 plus 1/3 Section 50551.1 Work Expenses for the Blind 15. Underpayment adjustment Section 50551.4 Income for Self-Support

(Bill: 1315 gross earnings = \$ 1225 net earnings)

Section 50551.5

V. Exempt Income

16. Adjusted Share of Cost (14 minus 15)

DEPARTMENT OF HEALTH SERVICES

SNEEDE V. KIZER INCOME SCREENING QUESTIONS

If the MFBU has a share of cost and includes child(ren), complete the following:

Case	Name O 1 3	County District		County Use	-
_	Buchy Berson	//			<u>-</u>
Case	Number	Effective Date	Mo.	Year	91
			06	,	7/
	New Application Redetermination Cha	nnge Retroactive	Eligibility	☐ Co	mection
·- <u>-</u>					
DO	ES THE MFBU INCLUDE:			YES	NO
a.	A stepparent?				
b.	An unmarried couple with mutual child(ren)?		-		
c.	A child with his/her own nonexempt income (includin provided by someone outside of the MFBU) and there MFBU?	g <u>unearned</u> in-kind income are other persons in the			
d.	A non-parent caretaker relative in the same MFBU wi whom care is provided and the caretaker wants Medi-			***	

- If "NO" to all of the above, determine if eligibility exists for pregnant woman or infant under 1 (185/200%), child under 6 (133%), or child age 6 through 18 born after 9/30/83 (100%).
- If "YES" to any of the above and:
 - (1) the MFBU includes a parent, complete MC 175-2, MC 175-3I, and MC 175-4.
 - (2) the MFBU does not include a parent, complete MC 175-3I and MC 175-4.

	Worker Number	Date /
Eligibility worker signature	to a co	1/2/01
4701	10123	4/3/7/
		•

SNEEDE V. KIZER NET NONEXEMPT INCOME DETERMINATION

Becky Benson	COUNTY DISTRICT	COUNTY USE
CASE NUMBER	EFFECTIVE DATE	
	мо. 06	YR. 9,

T	net	-	H.	me.

Child/Spousal Support Payments Received: Child support is income to the child, not to the parent or caretaker relative.

For AFDC-MN/MI only:

Divide the \$50 per month child/spousal support deduction by the # of persons for whom the income is intended. Any unused remainder will be prorated among the remaining persons who still have support

payments to apply against the deduction.

For ABD-MN only:

Each ABD-MN child for whom absent parent support payments are intended will receive a 1/3

deduction from this income.

** Unearned In-Kind Income:

Prorate the unearned in-kind income among the persons who receive the income. Example: MFBU of 4 gets free housing. Use in-kind income for 4 and each person gets 1/4 of the in-kind income. Add an unborn's share of in-kind income to the pregnant woman's share. If pregnant woman is PA/Other PA

and not in the MFBU, give unborn's share to father of the unborn if he is in the MFBU.

*** ABD-MN Deductions:

Allow each ABD-MN child: \$20 any income deduction and \$65 plus 1/2 earned income deduction.

Allow each ABD-MN adult, or spouse of an ABD-MN adult, or parent of an ABD-MN child: \$20

any income deduction and \$65 plus 1/2 earned income deduction.

I.	ENTER NAME OF EACH MFBU MEMBER (Do not list unborns)	Becku	Bill	Bobby	Burt
	PERSON TYPE	Parent A or Caretaker Rel.	Parent B or Spouse	E Child	Child
A.	NONEXEMPT UNEARNED INCOME: AFDC-MN/MI and/or ABD-MN	7			
1.	RSDI				T
2.	Net Income from Property				
3.	*Net Child/Spousal Support Received				150
4.	**In-kind Income				
5.	Income available from PA or other PA (MC 175-6, line A. 4)				
6.	UB	300			
7.					1
8.	Total (add 1 thru 7)	300	0	D	150
9.	***ABD-MN \$20 Any Inc. Deduction (skip if AFDC-MN/MI)	300			7.50
10.	Countable Unearned Income (8 minus 9; also enter on section D, line 16)	300	0	D	150
B.	***NONEXEMPT EARNED INCOME ABD-MN or spouse/parent of ABD-MN				
				4	
11.	Gross Earned Income			<u> </u>	
11.	\$65 Earned Inc. Deduction PLUS			-	
11. 12.					
11. 12. 13.	\$65 Earned Inc. Deduction PLUS \$unused \$20 (line 9)				
11. 12. 13.	\$65 Earned Inc. Deduction PLUS				

ENTER COMPUTATION FOR CHILD/SPOUSAL SUPPORT and/or UNEARNED IN-KIND INCOME.

Bart: 200 Child Suppt.

NOIE:

If any of the following deductions apply, complete MC 176W, Part VI before completing Sections A or B.

Educational Expenses Student Deduction \$30 plus 1/3 Section 50547 Section 50551 Section 50551.1

D.	TOTAL COUNTABLE INCOME: AFDC-MN/MI and/or ABD-MN	NAME: Becku	NAME:	NAME:	NAME:
16.	Countable unearned income (from line 10)	300	0		150
17.	Countable earned income (from line 14 or 15)	0	1425	0	0
18.	Income allocated from LTC/B&C person to family members at home (from MC176W, Part B OR from MC 175-7, line C. 2)				
19.	Total countable income (add lines 16, 17, 18)	300	H25	0	150

E.	OTHER DEDUCTIONS: AFDC-MN/MI and/or ABD-MN				
20.	Health Insurance				
21.	Child Support/Alimony Paid			<u> </u>	
22.	Income to determine PA Eligibility (MC 175-6, line B. 3 or B. 4)			-	
23.					
24.	Total deductions (add 20 through 23)	D	0	0	0
25.	Total net countable income (line 19 minus line 24) Enter this on MC 175-4 if no parent in MFBU; otherwise continue.	300	1772	. 0	150

F.	PARENTAL/SPOUSAL ALLOCATION: AFDC-MN/MI and/or ABD-MN (skip if no parent in MFBU)				
26.	Parent's total net nonexempt income LESS in-kind income and income from PA/Other PA, LTC, or B&C spouse (line 25 minus lines 4, 5, 18)	300	1225		
27.	Number of persons for whom Parent A is responsible. (section A of MC175-2)	-2			
28.	Number of persons for whom Parent B is responsible (section B of MC175-2)		3		
29.	Child's natural/adoptive parent (see MC175-2) (circle A or B, or both)			A B	A 🚯
30.	Parent A's allocation to self, spouse (if any) & natural/adopted children (divide Parent A's line 26 by line 27) (Enter in each applicable box.) Do not enter under Parent B if unmarried.	150		150	
31.	Parent B's allocation to self, spouse (if any) & natural/adopted children (divide Parent B's line 26 by line 28) (Enter in each applicable box.) Do not enter under Parent A if unmarried.		408.33	408.33	40 8 ·33
32.	Enter child's net countable income (from line 25)			0	150
33.	Child's total net nonexempt income (add lines 30, 31, 32). Enter on MC 175-4			558.33	558.33
34.	Parent's total net nonexempt income (add lines 4, 5, 18, 30, 31). Enter on MC 175-4	150	408.33		

Go to MC 175-4 next.

ELIGIBILITY WORKER SIGNATURE	WORKER NUMBER	COMPUTATION DATE
ULu	0/23	10/3/91



SNEEDE v. KIZER MINI BUDGET UNITS AND:

(CHECK ONLY ONE)	·····) >	SHARE OF COST DETERMINATIONS
•		PROPERTY DETERMINATIONS

Case Name Becky Benson	County District 77	County Use
Case Number	Effective Date Mo. 06	Yr. 91

Instructions:

- Include unborn in the mother's mini budget unit (MBU) and property limit/maintenance need income level, unless mother is married and only her separate children want Medi-Cal. If pregnant woman is PA/Other PA, include the unborn in the spouse's or father's MBU.
- Do not include an excluded child.
- 3. Do not list MBU members in more than one MBU.
- 4. If any MBU has excess property, check to see if Medi-Cal linkage still exists for other family members.
- 5. Property Determinations: Enter the allocation for each spouse from MC 175-3P, line 18. Enter the net nonexempt property for each child and/or caretaker relative from MC 175-3P, line 29.
- 6. Share of Cost Determinations: Enter each person's net nonexempt income from MC 175-3I.
- 7. If only the separate children of one spouse want Medi-Cal, enter the amounts from lines 13 and 23 of MC 176W.1 for property determinations and the amounts from lines 28 and 29 of MC 176W.1 for share of cost determinations.

MBU #		-			
Person Name/No.	Orig Aid	Net ☐ Property Nonexempt ☐ Income			
1311 Bates		408.33			
2.					
3.					
4.					
5.					
6.	L				
7.	<u> </u>				
8.					
9.					
10.					
TOTAL		408.33			
MBU's Property Limit (Check one) Maintenance Need		408.33			
(Check one) Excess Property Share of Cost for property-eligible pers	or .	-6-			
Rounded Share of Cost		0			
If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 boar after 9/30/83 in MBU? No; stop here. Yes; go to MC 175-5					

MBU #	2	
Person Name/No.	Orig Aid	Net ☐ Property Nonexempt ☐ Income
1. Becky Benson		150
2. unbo/rn		
3.	<u> </u>	
4.	ļ	
5.	<u> </u>	
6.	 	
7.	ļ	
8.	 	
9.	 	
10.	<u>1 —</u>	
TOTAL		150
MBU's Deperty Limit (Check one) Maintenance Need		750
(Check one)	OF.	-0-
Rounded Share of C	ost	0-
If SOC, is there a property-eligible runder 6 or 6 through 18 born after 9. No; stop h	/30/8 iere.	3 In MBU?

MBU #			MBU #		
Person Name/No.	Orig Aid	Net Property Nonexempt Ancome	Person Name/No.	Orig Aid	Net Property Nonexempt Scincome
1. Burt Bate	25	558.33	1. Bobby Ba	tes	ineligible
3.			3.		<u> </u>
4			4.		
5.			5.	$\overline{}$	
6.			6.	$\overline{}$	
7.			7.		
8.			8.	- \ -	
9.			9.	1	
10.			10.		
тот	AL	558.33	Т	TOTAL	
MBU's Property Limit (Check one) Maintenance N	leed	375.00	MBU's Property Lin (Check one) Maintenand	mit >e Need	
(Check one) Share of C	ost for	183.33	☐ Excess —— (Check one) ☐ Share-o property-eligi		
Rounded Share	of Cost	183	Rounded Sha	are of Cost	
If SOC, is there a property-eligi under 6 or 6 through 18 born at Doc, S	ble pregna ter 9/30/83 top here. go to MC 1	nt woman or child in MBU? 75-5	If SOC, is there a property-e under 6 or 6 through 18 born \(\sum \) No \(\sum \) Ye	eligible pregna n after 9/30/83 o; stop here es; go to MC 1	
MBU	#	è	MI	BU #	_
Person Name/No.	Orig Aid	Net ☐ Property Nonexempt ☐ Income	Person Name/No.	Orig Aid	Net ☐ Property Nonexempt ☐ Income
1.			1.		
2.			2.		
3.			3.	Ĺ	
4.			4.		
5.			5.		
6.			6.		
7.			7.		
8.			8.		
9.			9.		
10			10.		

TOTAL

Excess Property
Share of Cost for property-eligible persons

Rounded Share of Cost

If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 born after 9/30/83 in MBU?

No; stop here.

Yes; go to MC 175-5

□ Property Limit

MBU's

(Check one)

Eligibility Worker Signature	Worker Number	Date of Computation
7 , 7	1 ~122	6/2/91
gall		10/0///
/		/ /

TOTAL

☐ Property Limit☐ Maintenance Need

Excess Property
Share of Cost for property-eligible persons

Rounded Share of Cost

If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 born after 9/30/83 in MBU?

No; stop here.

Yes; go to MC 175-5

MBU's

(Check one)

(Check one)



SNEEDE V. KIZER FEDERAL POVERTY LEVEL (FPL) PROGRAMS FOR PREGNANT WOMEN AND INFANTS (185/200%), CHILDREN AGES 1 THROUGH 5 (133%), AND CHILDREN AGES 6 THROUGH 18 BORN AFTER 9/30/83 (100%)

Case Name Becky Box Coo	County District	フフ	County Use	
Case Number	Effective Date	Mo	<u> </u>	Year
/		4	06	9/

INSTRUCTIONS:

- 1. Complete this form for all of the potential percentage program eligibles whose MBU has a share of cost.
- 2. Net Nonexempt Family Income: enter the <u>full</u> net nonexempt income of the % program eligible and his/her responsible relatives (i.e., spouse or natural/adoptive parent); do not enter the <u>Sneede</u> allocations.
 - A. If the potential % program eligible is:
 - an unmarried pregnant woman, use only her income;
 - a pregnant minor, use her income and her parents' income, if they are in the home;
 - a married pregnant woman, use her and her spouse's income;
 - a child, use the child's and natural/adoptive parents' income, if they're in the MFBU.
 - B. If the potential % program eligible and/or his/her responsible relatives are:
 - AFDC-MN/MI, add lines 20 and 25 from MC 175-3I;
 - ABD-MN, first complete another MC 175-3I (lines 1 through 25), allow only AFDC-MN deductions, and enter the total from lines 20 & 25.
 - C. When only the separate children of one spouse want Medi-Cal, full net nonexempt family income does <u>not</u> include income allocations to persons outside of the MFBU.

A.	NET NONEXEMPT FA	MILY INCOME	DETERMINAT	TION	
1.	Name of potential % Program Eligible in MBU with SOC	Burt			
2.	Name of Responsible Relative #1	Bill			
3.	Name of Responsible Relative #2	NA			··········
4.	Full Net Nonexempt Income of % Program Eligible	\$ 150	\$	\$	\$ \$
5.	Full Net Nonexempt Income of Responsible Relative #1	\$ 1225	\$	\$	\$ \$
6.	Full Net Nonexempt Income of Responsible Relative #2	s ——	\$	s	\$ \$
7.	Total Net Nonexempt Family Income (add lines 4, 5, 6 & enter on B.4)	s /375	\$	\$	\$ \$

3.	ELIGIBILITY DETERMINATION			No. of Persons in MFBU			
1.	Name of potential % Program Eligible	Burt					
2.	Potential % Program (check one)	185%	185% □ 133% □ 100% □	185% 🗌 133% 🗍 100% 🗍	185% □ 133% □ 100% □	185% □ 133% □ 100% □	
3.	Enter FPL for % Program shown in B. 2 based on # of persons in MFBU.	s 1736	\$	\$	\$ _	\$	
4.	Enter total net nonexempt family income(from A. 7)	s 1375	S	\$	\$	\$	
5.	Is total net nonexempt family income (B. 4) less than or equal to amount in B. 3?	Yes, eligible (go to #9) No, continue	Yes, eligible (go to #9) No, continue	Yes, eligible (go to #9) No, continue	Yes, eligible (go to #9) No, continue	Yes, eligible (go to #9) No, continue	
6.	Is person potential 200% program eligible (i.e., pregnant woman or infant under age 1)?	Yes, continue No, deny FPL program	Yes, continue No, deny FPL program	Yes, continue No, deny FPL program	Yes, continue No, deny FPL program	Yes, continue No, deny FPL program	
7.	Enter 200% of FPL for family size equal to # of persons in MFBU.	\$	\$	\$	\$	\$	
8.	Is total net nonexempt family income equal to or less than 200% FPL?	Yes, eligible No, deny 200% Program	Yes, eligible No, deny 200% Program	Yes, eligible No, deny 200% Program	Yes, eligible No, deny 200% Program	Yes, eligible No, deny 200% Program	
9.	Person # (optional)						
10.	Aid Code (optional)	7					
11.	MBU # (optional)						

Eligibility Worker Signature	Worker Number	Computation Date
7, 7, .	0123	6/3/91
gae		

MC 175-5 (7/91)

SNEEDE CLAS	ORMATION NOTION	O ARE	County Stamp	
- Becky	Benson	¬ ·	State No.: District: Case Name:	
L				

THE STATE MAY OWE YOU MONEY!!

Under a case called <u>Sneede</u> v. <u>Kizer</u> the county has found that you (or a member of your family) may have been wrongly denied benefits or had a share of cost which may have been too high.

You MAY be paid back for medical expenses which you or a member of your family paid on or after May 1, 1986. Also, Medi-Cal MAY pay bills which you still owe for medical services, drugs, etc. you or your family member got on or after May 1, 1986.

SAVE YOUR BILLS, RECEIPTS AND CANCELLED CHECKS which show that you had medical bills for yourself or any member of your family since May 1, 1986.

The court case is not done yet. You will be notified at the end of the case if you can get the benefits described in this notice.

If you move, be sure to tell the county your new address and phone number. Call or write your Medi-Cal worker.

UP.		6-3-91
(Eligibility worker)	(Phone Number)	(Date)

Department of Health Services

Sneede v. Kizer MEDI-CAL NOTICE OF ACTION DENIAL/DISCONTINUANCE OF BENEFITS DUE TO EXCESS PROPERTY (MINI BUDGET UNIT)

- Notice Date:	6/3/91
Case No.:	
Worker Name/No	D.:
This Affects:	Bobby Bat

(County Stamp)

Becky Benson

This case has been affected by a lawsuit called <u>Sneede v. Kizer</u>. A federal court ruled that Medi-Cal can only use the property of certain family members when figuring someone's Medi-Cal eligibility. This means that some family members may be eligible and others may not be eligible due to excess property.

The application for Medi-Cal benefits for the people listed above has been denied due to excess property.

\Box	Medi-Cal benefits for the people listed above will stop the last day of due to excess property.
	(montivyear)
	The people listed above are not eligible for Medi-Cal because your family owns more than one car or piece of real property.
	These people may be able to get Medi-Cal if you want to make the other car or other real property exempt. If you do that,
	some people who are in your family who can now get Medi-Cal may become ineligible. Call your worker within 10 days
	if you want advice about changing your exemptions.

I. Mini Budget Unit		II. Medi-Cal Family Budget Unit
Persons Bobby	Net Amount \$ /425	Family's Total Net Nonexempt Property:
	\$	Family's Property Limit: –
	<u> </u>	Family's Total Excess Property:
		
	. \$	
Total Net Nonexempt Property	\$ 1425	
Property Limit	-\$ 1050	

Your entire family may be eligible for Medi-Cal if they meet all other eligibility requirements and reduce the excess property by the amount shown above in Column II under <u>Family's Total Excess Property</u>. If your family reduces the excess property on any day of the month, they will be property eligible for that entire month.

If you have any questions, please contact your worker. The regulations which require this action are California Code of Regulations, Title 22, Sections 50401 through 50489 and <u>Sneede</u> v. <u>Kizer</u>.

PLEASE READ THE REVERSE SIDE OF THIS NOTICE

Excess Property

Department of Health Services

Sneede v. Kizer MEDI-CAL NOTICE OF ACTION APPROVAL FOR BENEFITS OR CHANGE IN SHARE OF COST

(County Stamp)	
----------------	--

	Notice Date: (a/3/91
	Case No.:
Becky Benson	Worker Name/No.:
,	Worker Telephone No.:
	This Affects: Becky Bens
	APPRICATE AND ADDRESS OF THE PROPERTY OF THE P
They have no share of cost.	eone who receives Medi-Cal. This means that some family bove has been approved and benefits will begin the first day of bove has been approved and benefits will begin the first day of
The Medi-Cal share of cost for people listed above has chan	ged from \$ to \$
The people listed above will receive their Medi-Cal card soon	n.
The income used to figure the share of cost is as follows:	
Person	Net Amount
	\$
	\$
	 \$
	\$
	\$
	¥
Total net nonexempt income	\$
Maintenance Need	\$
Excess Income	\$
Adjustment	\$
Share of cost	\$

Follow the instruction sheet called <u>Sneede</u> v. <u>Kizer</u>: HOW TO LIST MEDICAL EXPENSES ON YOUR RECORD OF HEALTH CARE (SHARE OF COST) FORM. If the medical expenses are more than the share of cost for any period, a Medi-Cal card will be issued after the form has been completed and approved.

When the people listed above receive their Medi-Cal card, they must always take their card to their doctor or to any other Medi-Cal provider who give or has given medical care in that month.

If there are any changes in address, income, property, family members, living arrangements, or if you have any questions, please write or phone your worker within 10 days.

The regulations which require this action are California Code of Regulations, Title 22, Sections 50653 and Sneede v. Kizer.

Department of Health Services

(County Stamp)

Sneede v. Kizer MEDI-CAL NOTICE OF ACTION APPROVAL FOR BENEFITS OR CHANGE IN SHARE OF COST

CHANGE IN SHARE OF CO	ST	
Bill Bates	7	Notice Date: Case No.: Worker Name/No.: Worker Telephone No.: This Affects:
This case has been affected by a law suit called <u>Sr</u> certain family members when figuring the share members may have different shares of cost.	neede v. <u>Kizer</u> . A federal cou of cost of someone who red	rt ruled that Medi-Cal can only use the income of ceives Medi-Cal. This means that some family
The application for Medi-Cal benefits for the They have no share of	people listed above has beer cost.	approved and benefits will begin the first day of
The application for Medi-Cal benefits for the Their share of cost is \$		approved and benefits will begin the first day of
The Medi-Cal share of cost for people listed a	· · · · · · · · · · · · · · · · · · ·	to \$
The people listed above will receive their Med	di-Cal card soon.	
The income used to figure the share of cost is	s as follows:	
<u>Person</u>	\$	Net Amount
	\$ \$	
	\$	
	\$	
Total net nonexempt	income \$	·
Maintenance Need	\$	
Excess income	\$	
Adjustment	\$	

Follow the instruction sheet called <u>Sneede v. Kizer</u>: HOW TO LIST MEDICAL EXPENSES ON YOUR RECORD OF HEALTH CARE (SHARE OF COST) FORM. If the medical expenses are more than the share of cost for any period, a Medi-Cal card will be issued <u>after</u> the form has been completed and approved.

When the people listed above receive their Medi-Cal card, they must always take their card to their doctor or to any other Medi-Cal provider who give or has given medical care in that month.

If there are any changes in address, income, property, family members, living arrangements, or if you have any questions, please write or phone your worker within 10 days.

The regulations which require this action are California Code of Regulations, Title 22, Sections 50653 and Sneede v. Kizer.

Share of cost

DEPARTMENT OF HEALTH SERVICES

(County Stamp)

MEDI-CAL

conditions only).

APPROVAL FOR THE 133 PERCENT (%) PROGRAM		Γ		7
Becky Benson		Case No. District: This affects:	Burt E]
Beginning $6/9/2$, your child without a share of cost under the 133% program for this program, the child's Medi-Cal card will provide:	(ren) is eli children fr	gible to receive om one to six y	Names(s) e Medi-Cal benefi rears of age. Unde	ts er
Full Medi-Cal benefits.				
☐ Restricted Medi-Cal benefits (services fo	r treatment of e	emergency medica	ŀ

Eligibility under this program is based on your family's income, in addition to other program requirements. You must let your worker know about any changes within 10 days to see if your child(ren) is still eligible under this program.

The regulation which requires this action is California Code of Regulations (CCR), Title 22, Section 50262.5.

SNEEDE V. KIZER HOW TO LIST MEDICAL EXPENSES ON YOUR SHARE OF COST FORM (RECORD OF HEALTH CARE COSTS)

Your Medi-Cal case has been affected by a lawsuit called <u>Sneede</u> v. <u>Kizer</u>. This lawsuit limits which family members can use their medical expenses that are not billed to Medi-Cal.

If you are a spouse or a parent, you have the choice of listing your medical expenses on any share of cost form in which your name appears. You may list all of your medical expenses on a single form, or you may divide up a bill and list it on two or more forms in which your name appears. However, the total reported for a single service cannot be more than the original bill.

If you are a child, your medical expenses can only be listed on the share of cost form in which your name appears.

If you are a caretaker relative such as a grandparent, aunt, uncle, etc., your medical expenses can only be listed on the share of cost form in which your name appears.

If you have any questions about how to list medical expenses on the share of cost form, please call or write your Medi-Cal worker.

MC 239 SN-6 (8/91)

SNEEDE V. KIZER COMO ANOTAR GASTOS MEDICOS EN SU FORMULARIO DE PARTE DEL COSTO (REGISTRO DE CONTROL DE SUS GASTOS MEDICOS)

Su caso respecto a beneficios de Medi-Cal ha sido afectado por la demanda legal en el caso llamado <u>Sneede</u> v. <u>Kizer</u>. Este juicio establece cuales miembros de la familia pueden usar sus gastos médicos que no se cobran a Medi-Cal.

Si usted es el esposo(a) o padre/madre, tiene la opción de anotar los gastos médicos en cualquier formulario para parte del costo en el cual aparezca su nombre. Puede anotar todos los gastos médicos en en un solo formulario, o puede dividir el cobro y mencionarlo en dos o más formularios en el cual aparece el nombre suyo. Sin embargo, el total que se reporte por un solo servicio, no puede ser mayor que el cobro original.

Si usted es un menor, los gastos médicos de usted, solamente pueden ser anotados en el formulario de parte del costo donde aparezca el nombre suyo.

Si usted es un pariente encargado del cuidado de alguien, como un abuelo(a), tío(a), etc., los gastos médicos suyos solamente pueden ser anotados en el formulario de parte del costo en que aparezca el nombre de suyo.

Si tiene preguntas sobre cómo anotar gastos médicos en el formulario de parte del costo, por favor escríbale o llame a su trabajador(a) de Medi-Cal.

Example #5: STEPPARENT HOUSEHOLD

A family of four (a pregnant woman, her husband, their mutual unborn and the woman's separate child under age one year) apply for Medi-Cal on April 2, 1991.

The husband has earnings of \$3015 per month and the wife's separate child receives child support of \$450 per month. The wife has no income. The couple has community property of \$3000 in a savings account and the husband has separate property of \$1000 (stocks).

Since the MFBU contains a class member and the MFBU's net nonexempt property of \$4000 exceeds the property limit of \$3300, the interim <u>Sneede</u> procedures apply to the property determination.

The MFBU also has a SOC under existing regulations:

\$33.25 net nonexempt income -1100 MNIL for 4
\$22.25 SOC

Therefore, the determination.

procedures also apply to the share of cost

Sneede Procedures

i. Responsible Relative Determination for Income/Property Allocation

Parent/Spouse:	Husband M	arty Mason Wife Marian	MASON
Others for Whom The Parent/Spouse Is Responsible:	Wife	Husband Separate Child	Max Marsh
	(2)	(3)	

ii. Property Allocation (DO NOT ALLOCATE TO UNBORNS)

Husband		<u>Wife</u>		
+1500	separate property 1/2 community property net nonexempt property	\$1500	1/2	community property
Divided	i by 2 - \$1250	Divide	d by	3 - \$500

Net Nonexempt Property

<u>Husband</u>	Wife	Wife's Separate Child
\$ 1250 own + 500 from wife	\$ 500 own + 1250 from husband	\$ 500 from mom
\$ 1750 total net	\$ 1750 total net	\$ 500 total net

iii. MBUs and Property Determination

MBU #1	Husband Mother Unborn	\$1750 (They are together because they are +1750 married and the unborn stays with the mother.)
		\$3500 total -3150 property limit for 3* \$ 350 excess property
<u>MBU #2</u>	Wife's Separate Child	\$-500 (Separate Child is in own MBU) -1500 limit for 1* 0 property eligible

*See Sneede Property Limit Chart

iv. Income Allocation (DO NOT ALLOCATE TO UNBORNS)

Husband	Wife
\$3015 earnings - 90 work deductions \$2925 net nonexempt	no income
Divided by 2 = \$1462 50	

v. Net Nonexempt Income

Husband	<u>Wife</u>	Wife's Separate Child
\$1462.50	\$1462.50	\$450 child support
		-50 child support deduction
		\$400 net income

vi. MBUs and Share of Cost Determinations

MBU #1 Husband Excess Property Wife Excess Property Mutual unborn Excess Property

MBU #2 Wife's \$400 net nonexempt income Separate Infant -375 MNIL* Under 1

*See Sneede MNIL chart

The first MBU will receive a denial notice advising them they are property ineligible. Since the second MBU has a SOC, the county will evaluate the infant under the 185/200 Percent program.

viii. Interim Sneede Procedures and the Special Zero Share of Cost Program

\$ 25 SOC

The stepfather's income cannot be used to determine eligibility to the special zero share of cost program for the wife's separate infant. wife's full, net nonexempt income (in this case, she has none) and the infant's full net nonexempt income (\$400) will be compared to 185/200% of the federal poverty level for a family of 4 (the entire MFBU).

Special Zero SOC Computation

\$400 separate child's net nonexempt income

compared to

185% of federal poverty level for 4 - \$1958

Since the net nonexempt family income does not exceed 185% of the federal poverty level, the infant is eligible for the 185 Percent program. The county will send an approval notice.

If the infant had been ineligible for the 185/200 Percent program, the county would have sent two notices: (1) an approval notice advising the family of the infant's \$25 SOC, and (2) a denial notice under the 200 Percent program advising the family that they have excess income. The separate infant's MC 1775 would list himself as an eligible and his mother as a responsible relative.

PROPERTY WORK SHEET

Name_	Marian Mason	 .	Case Number	r	·	Month	04/91	
REA	L PROPERTY				OPERT	Y RESERVE: USE REV		MIZE OR TO
A.	PRINCIPAL RESIDENCE (PR) Y	es 🛈 No	<u> </u>			OF PERSONS IN MFBU	<i>i</i> L	
_	If yes, Real Prop. 🔾 Pers. Prop. C	3		B.	PROPER	TY INCLUDED IN PROPER	TY RESERVE	
₽.	OTHER REAL PROPERTY (ORP) D	etermine market	value and	1.	Excess va	lue ORP		
	encumbrances of ORP on reverse, ar					rom Col I, line D1		
	Note: If ORP owned jointly with personance of market value and encumbrar				b. Enter frc. Line 1s	rom Col I, line D5	<u> </u>	1
	Market Value per Section 50412		\$					5
	Encumbrances per Section 50413		\$	2.		ortgages, deeds of trust NO' al property owned by MFBU		
	Net Market Value (line 1 minus line 2)	<u> </u>	\$	3.		sets (money, checking/savin		3000/00
	Life Estate (determine value per Sect					onds, etc. (other than for but		3000 (ca \$ 1000 (Ma
	and procedure 9A)		\$	4.	CSV of no	onexempt life insurance		1000 (MIN
	Net Market Value of notes, mortgages			5.		ts, vaults, or crypts not for fa	amily use and	i
	trust from sale of real property owned	by MFBU				ot as other real property.		\$
	member.		\$	6.	Value of b	ourial reserves in excess of	\$1,500 and/or	
	Total net other real property (add line:	s 3, 4, and 5)	\$			mevocable for each person		\$
	Enter in Col. I, line D1		3	7.		boats, campers, or trailers; pt for transportation.	other than	
C.	INCOME FROM PROPERTY		7		0110 0 2011		i	4
1.	Rental Income	+ 12	,			Market Value e.g., DMV license		
	Upkeep and Repair	, 12		l It	em	fee x 50 or appraised value	Encumbrance	
	a. \$x.15			···	·	appraised value	<u></u>	\$
	Line C 1	\$	*					\$
	b. +\$4.17	\$ 4.17	1			-		\$
	c. Line a + b	\$	1	8.	Jewelry, r	not exempt and valued over	\$100.	\$
	d. Actual upkeep and repair	\$		9.	Business	<u>· · · · · · · · · · · · · · · · · · · </u>		
	e. Greater of line 2c or 2d		\$			rty necessary for employme		
	☐ Monthly					litation that is NOT exempt. rty necessary for self-suppo		\$
3.	Interest Yearly, if yes, \$	+ 12		ļ			7	National States
4.	Taxes and	.				let value of property or self-support (list on		
	Monthly		<u> </u>	ļ.		eparate sheet)	\$	
5.	Utilities D Yearly, if yes, \$	+ 12	\$	ļ	(2) 6	% per year return	\$ x.005	4
	☐ Monthly			Ì		Reasonable rate of return	\$ 2.000	-
6.	Insurance	+ 12	\$		<u> </u>	Nonthly income	\$	\dashv
7.	Total expenses (add lines 2e through	6)	1			s 9b(4) equal to or greater to	1	
8.	Net rental income (line 1 minus line 7			1	g	06(3)? Yes 🛈 No	, C I	Ì
	MC 176 M Column I or II)		\$			l yes, enter Ø. I no, determine il property w	vill aam	ĺ
9.	Income from ORP other than rental is	ncome		ł		easonable rate of return per		
	(Section 50508) (Enter on MC 176 M		\$	1	5	0485. If no, enter line 9b(1)	\$
	Total income from ORP (line 8 plus li	ne 9)	\$	10.	a. Liqui	d assets for means of	1	
<u>D.</u>	UTILIZATION	0-11 # 50	1	<u> </u>	self s	support	\$	
1.	Total net market value of ORP (from	Col 1, line B6)	x .005	1		age monthly expenditures	}	
3.	6% per year utilization requirement Income needed		1	1		eans of self-	\$	
	transfer in the seasons			<u> </u>		ort x 3.	} -	
4.	a. Is C10 greater than D3?	Yes		l		ntable liquid assets from me		
	If yes, utilization met. If no, recorupkeep and repair, if lower.	mpute rental inco	ome with actual			support (line 10a minus line untable property	106)	\$
	b. Is C10 now greater than or equal	to D3? Yes	C) No C)	11.		perty reserve (add lines 1 th	hrough 11\	
	If yes, utilization met.		D " T	13.		limit for MFBU (from line II		\$ 4000 \$ 3300
	c. If still no, is utilization period impl	emented? Yes	Q No Q			greater than or equal to lin		1. 3300
	<u> </u>		<u> </u>	"	Yes - proc	perty eligibie; No – exce	ess property – in	eligible. *
5 .	Exemption: If 4a, b, or c is yes, entered to cook at line D1. Otherwise, ent	erlesser	1	1	Explain p	property requirements.		
	of \$6,000 or line D1. Otherwise, ent	.ca 16.	1	"	it "NO", ∞	mplete Sneede Screening	on back.	

PERIOD OF INELIGIBILITY WORK SHEET

THIS ONLY APPLIES TO TRANSFERS MADE BY INSTITUTIONALIZED INDIVIDUALS OCCURRING BEFORE 1/1/90.

	Period of ineligibility can be reduced at any time applicant/beneficiary receives additional components of ineligibility terminates if property is transferred back.	
١.	DETERMINE NET UNCOMPENSATED VALUE	
	 Net Market Value (MV) Amount of Compensation Received in Excess of Encumbrances and Closing Costs Uncompensated Value (line 1 minus line 2) Amount Available in Property Reserve Property Reserve for MFBU at the Time of the Transfer Total Property Reserve at the Time of the Transfer Line a Minus Line b 	\$ \$ \$ \$
	5. Net Uncompensated Value (line 3 minus line 4c)	\$
J.	PERIOD OF INELIGIBILITY	
· 1	 Net Uncompensated Value* Total amount of the following expenses incurred since transfer of property: Medical expenses Out-of-home care costs in excess of maintenance needs Major home repairs needed to put home in livable condition Adjusted Net Uncompensated Value (line B1 minus B2) Computation of Months of Ineligibility Month/Year to Month/Year = No. of Months x Maintenance Need = (1)	\$\$ \$\$ \$
	III. SNEEDE: PROPERTY SCREENING	
f e	excess property and MFBU includes child(ren) complete the following:	
	DOES THE MFBU INCLUDE: YES	NO
	a. A stepparent with property?	
	b. An unmarried couple with mutual child(ren)	
	a. A shild with own panayampt property?	

c. A child with own nonexempt property? d. A nonparent caretaker relative in the same MFBU with the child(ren) for whom care is provided and the caretaker wants Medi-Cal?

- If "NO" to all of the above, stop here.
- If "YES" to any of the above and:
 - (1) the MFBU includes a parent, complete MC175-2, MC175-3P, & MC175-4.
 - (2) the MFBU does not include a parent, complete MC175-3P & MC175-4.

County Use

SNEEDE V. KIZER RESPONSIBLE RELATIVE DETERMINATION

(Complete Only If Parent Is In MFBU)

Case Name Marian Mason	County District 77	County Use
Case Number	Effective Date Mo	Year 4 91

INSTRUCTIONS:

- 1) Complete only when MFBU exceeds Property Limits or has a Share of Cost.
- 2) Property and Income allocations are only from Spouse to Spouse and from Parent to Natural/Adoptive Child(ren).
- 3) Complete only Column A when the household consists of only a single parent.
- 4) Complete Columns A and B in all other situations.

Enter name(s) of PARENT/SPOUSE (do not list PA/Other PA):	(A)	(B)
List others for whom Parent/Spouse is responsible. (List excluded and ineligible child(ren). DO NOT LIST UNBORN, PA/OTHER PA.	Marian spouse* Marty Max	spouse* Marian
* Leave blank if unmarried.	_3 TOTAL # PERSONS IN COLUMN A	TOTAL # PERSONS IN COLUMN B

Next complete the MC 175-3P for Property Determinations or the MC 175-3I for Share of Cost Determinations.

Eligibility Worker Signature	0	Worker Number	Date #
	1 Xu	กเฉ3	4/3/91
,			

SNEEDE V. KIZER PROPERTY WORKSHEET

Case Name		County District	County Use	
Marian	Mason	77		
Case Number	•		Effective Date	
			Mo. /) 4	Yr. 91

INSTRUCTIONS:

- List all nonexempt property from MC 176P.
- If property is owned by more than one person, equally divide the net market value by the number of owners unless evidence is provided to rebut the division.
- Joint bank accounts: If available to anyone in the MFBU, do not count the money in a joint account against the MFBU more than once. Equally prorate the bank account among the owners in the MFBU (subject to rebuttal).
- Other real property (ORP) must be evaluated to determine if the utilization requirement is met. The \$6,000 exemption for utilized ORP may be spread out over multiple pieces of utilized ORP to maximize eligibility for the multiple mini budget units.
- If excess property is determined for only some of the mini budget units and Medi-Cal is needed for someone in a property-ineligible mini budget unit, the EW may need to exempt a different vehicle or spread the \$6,000 exemption in a different manner to determine if eligibility can be established for the property-ineligible mini budget unit.
- Motor Vehicle and \$6,000 Utilized Other Real Property Exemptions:
 - The MFBU of a MARRIED couple or SINGLE PARENT is allowed only one of each exemption.
 - Each UNMARRIED partner is allowed one of each exemption. His/her exemption may be passed on to a natural/adopted
 child if the unmarried parent has no such property or wishes to pass the exemption on to his/her child. However, both
 unmarried parents cannot pass on their exemptions to the same mutual child.
 - A CARETAKER RELATIVE who chooses to be in the same MFBU with the children for whom care is provided is allowed
 one set of exemptions. In addition, the CHILDREN for whom care is provided are allowed one set of exemptions as a
 group.

I. ALLOCATION FROM SPOUSE/PARENT

- For a married couple, enter their total community property in Column II. Enter each spouse's separate property in Column III.
- 2. For an unmarried couple or a single parent, enter their separate property in Column III; leave Column II blank.

List exempt property	-
and name of owner:	
	┨
	1
	٦
-	_
	1
	\dashv
	1
	_
	_
	_

I. List Only the Parent's Nonexempt Propert	II. COMMUNITY PROPERTY	III. SEPARATE PROPERTY PARENT A PARENT B	
1. Nonexempt Other Real Property	3000		
2. Checking			***
3. Savings			
4. CSV of nonexempt life insurance			
5. Cash			
6. Nonexempt Vehicle			
7. Other			
8. Stocks			1000
9.			
10.			
11. Subtotal Net Nonexempt Property	\$ 3000	\$ 4	\$ 1000
12. Enter each spouse's share of community property (divide line 11, Column II by 2)		\$ 1500	s /500
13. Parent's total net nonexempt property (add lines 11 and 12)		1500	2500
14. Number of persons for whom each parent is responsible (see totals on MC 175-2).		3	2
 Allocation to each person for whom parent is responsible (divide line 13 by line 14). 		s 500	s 1250
		enter on line 27	enter on line 28

II. ALLOCATION FROM SPOUSE TO SPOUSE (skip if MFBU does not con	ntain a married couple	:)
16. Enter line 15A in both boxes.	\$ 500	s 500
17. Enter line 15B in both boxes.	\$ 1250	5 /250
18. Total (add lines 16 and 17). This is each spouse's total share of their net nonexempt property. (Enter this amount on MC 175-4 in the married couple's mini budget unit.)	s 1750	s 1750

Name of Child or Caretaker Relative	1. Max	2.	3.	4.	5.
Child's Natural/Adoptive Parent - see Section I (circle A or B or both)	(A) B	A B	A B	A B	A B
List Only the Child's or Caretaker Relative's Property:					
19. Checking	s	\$	S	S	S
20. Savings					
21. Nonexempt vehicle				-	
22. Nonexempt ORP					-
23. Other					
24.				· · · · · · · · · · · · · · · · · · ·	
25.					
26. TOTAL	0	-			
27. Allocation from Parent A*	500				
28. Allocation from Parent B*	0				
29. Net Nonexempt Property (Add lines, 26, 27, 28) Enter on MC 175-4	500	*			

^{*} Enter an allocation from Section I, line 15 only if this is the child's natural/adoptive parent. Leave blank if caretaker relative household.

Name of Child or Caretaker Relative	6.	7.	8.	9.	10.
Child's Natural/Adoptive Parent - see Section I (circle A or B or both)	AR	A B	А В	АВ	A B
List Only the Child's or Caretaker Relative's Property:					
19. Checking	\$	\$	S	\$	S
20. Savings					
21. Nonexempt vehicle					
22. Nonexempt ORP					-
23. Other					
24.					
25.					
26. TOTAL					
27. Allocation from Parent A*					-
28. Allocation from Parent B*					•
29. Net Nonexempt Property (Add lines, 26, 27, 28) Enter on MC 175-4					

^{*} Enter an allocation from Section I, line 15 only if this is the child's natural/adoptive parent. Leave blank if caretaker relative household.

NEXT COMPLETE MC 175-4

Eligibility Worker Signature	Worker Number	Date of Computation
ULu	0123	4/3/91
MC 175-3P - (1/18/91) Page 2		



SNEEDE v. KIZER MINI BUDGET UNITS AND:

(CHECK ONLY ONE)

SHARE OF COST DETERMINATIONS
PROPERTY DETERMINATIONS

Case Name	marian	Mason	County District	County Use
Case Number			Effective Date	
		84	Mo. 04	Yr. 91

Instructions:

- 1. Include unborn in the mother's mini budget unit (MBU) and property limit/maintenance need income level, unless mother is married and only her separate children want Medi-Cal. If pregnant woman is PA/Other PA, include the unborn in the spouse's or father's MBU.
- 2. Do not include an excluded child
- Do not list MBU members in more than one MBU.
- 4. If any MBU has excess property, check to see if Medi-Cal linkage still exists for other family members.
- 5. Property Determinations: Enter the allocation for each spouse from MC 175-3P, line 18. Enter the net nonexempt property for each child and/or caretaker relative from MC 175-3P, line 29.
- 6. Share of Cost Determinations: Enter each person's net nonexempt income from MC 175-31.
- If only the separate children of one spouse want Medi-Cal, enter the amounts from lines 13 and 23 of MC 176W.1 for property determinations and the amounts from lines 28 and 29 of MC 176W.1 for share of cost determinations.

MBU #		
Person Name/No.	Orig Aid	Net ☑ Property Nonexempt ☐ Income
1. Marian		1750
2 marty		1750
3. unborn		
4.		
5.		
6.		
7.		
8.		
9.		
10.	<u> </u>	
TOTAL		3500
MBU's ☐ Property Limit (Check-one) ☐ Maintenance Need		3150
☐ Excess Property (Check ane) ☐ Share of Cost for property-eligible personal control of the con	r	250
Rounded Share of Co	st	
If SOC, is there a property-eligible prunder 6 or 6 through 18 born after 9/	ere.	

MBU #	2	-
Person Name/No.	Orig Aid	Net ☐ Prope Nonexempt ☐ Incom:
Max		500
2.		
3.	<u> </u>	
4.	ļ	
5	<u> </u>	-
6.	 	
7.	ļ	
8.		
9.	ļ	
10.		
TOTAL		500
MBU's ☐ Property Limit (Check one) ☐ Maintenance Need		1500
☐ Excess Property (Check one) ☐ Share of Cost for property-eligible pers	H	-0-
Rounded Share of Co	ost	
If SOC, is there a property-eligible punder 6 or 6 through 18 born after 9. No; stop ho	ere.	

MBU#_			······	7	MBI	J#	
Person Name/No.	Orio	Net	☐ Property	\dashv	Person Name/No.		
	Aid	Nonexempt	☐ Income		Person Name/No.	Orig	Net ☐ Property Nonexempt ☐ Income
1.	 	<u> </u>		-	1.	Nig.	Ivonexempt income
2.	+				2.		
3.	+-	 		Ⅎ	3.		
4.	 -	·	·	-	4.		
5.	 -	· <u> </u>		-	5.	<u> </u>	
6.	+		 	┪	6.		
7.	1-	-		-	7.		
8.				*	8.		
9.	_			- I	9.		
10.	+			-	10.		
TOTAL	1			-	1		
/ 101AL				_	I TC	TAL	
MBU's ☐ Property Limit (Check one) ☐ Maintenance Need					MBU's ☐ Property Limi (Check one) ☐ Maintenance	it Need	
☐ Excess Property	,			-	☐ Excess P		
(Check one))r				(Check one) Share of property-eligible	Cost for	
Rounded Share of Co] /	Rounded Shan		
If SOC, is there a property-eligible punder 6 or 6 through 18 born after 9/	/30/83	nt woman or o Fin MBU?	hild	/	If SOC, is there a property-eliq under 6 or 6 through 18 born a	gible pregna after 9/30/83	int woman or child 3 in MBU?
☐ No; stop he☐ Yes; go to	ere. MC 1	75-5			⊔ No;:	stop here go to MC 1	
				J ∤ !	169,	go to Mic 1	70-0
				j			
				¬ ,			
MBU #					MBU	J #	
Person Name/No.	Orig	Not	☐ Property	╣	Person Name/No.		
T SIBSTITUTION TO	Aid	Nonexempt	☐ income		reison name/no,		Net ☐ Property Nonexempt ☐ Income
1.]	1.		
2.			-	7 \1	2.	1	
3.				1 V	3.		f
4.				1 1	4.		
5.				1	∖ 5.		
6.				1 Ì	6.		
7.				1 1	\		
8.	1			1 1	8.	·	
9.				†	9.		
10.	 			┥ ├	10.		
TOTAL				} }		<u>}</u>	
TOTAL				1 1	10	TAL	
MBU's ☐ Property Limit (Check one) ☐ Maintenance Need					MBU's ☐ Property Limi (Check one) ☐ Maintenance		
☐ Excess Property				1 1	☐ Excess Pi	roperty	
(Check one)	r I				(Check one) Share of (Cost for	
Rounded Share of Co	st			1	Rounded Share		
If SOC, is there a property-eligible pr	egnar	nt woman or c	hild	7 Ì	If SOC, is there a property-elig	ible preana	nt woman or child
under 6 or 6 through 18 born after 9/	30/83	in MBU?			under 6 or 6 through 18 born a	after 9/30/83	in MBU?
☐ No; stop he ☐ Yes; go to l	ere. MC 17	75_5		1	□ No;	stop here.	7E E
Li res, go to i	17]		go to MC 1	/ 0-0
Eligibility Worker Signature,					Worker Number		Date of Computation

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SHARE OF COST DETE	<u>RMINATION - N</u>	IFEUS WHICH DO NOT INCLUDE	E LTC PERSONS	2"			ealth Serv
Case Name Maria	n Mason			Cou	inty District	County Us	æ
_		☐ Change ☐ Retroactive Eli	in [] Ci	Effe	ctive Eligibility C	ate for this Bu	dge
State Number		Therefore Ell	g. Correction	Mo		Yr.	1,
Co. Aid 7 Digit Serial No.	MFBU No.	Name – First, Middle, Last	Birthdate Mo. Day Yi	Sex.	(2) Health Insu	curity No. and trance Claim N Retirement No.	o. Oth
		Varian Mason	5-10-68	F	(1)	· · · · · · · · · · · · ·	Cover
	1 1 1 1.	Narty Mason			(1)		
		lax Marshall	7-4-66	-	(2)		
	1 1 1	- · · · · · · · · · · · · · · · · · · ·	12-25-9	M	(2)		
	 	nborn (EDC: 01/9:	2)		(2)		• •
	 				(2)		• •
					(1)		
					(1)		
 Income of MFBU member or disabled plus income (except PA or other PA) 	s applying as aged, be of spouse or p	lind II. Income of MFBU members n rent (except PA or other PA)	ot listed in I.	III. Shi	are of cost compu	tation	
A. NONEXEMPT UNEARNE	D INCOME	A. NONEXEMPT UNEARNED	INCOME	1. Cou	ntable Income fro	m i 14	
a. ABD-	-MN b. Spouse o	1. OASDI		2. Cou	ntable Income fro	m II 9	220
1. OASDI		2. Net Income from Property		3. Inco	me allocated fron	n LTC/B&C	332
2. Net Income from Property		3. Other-Itemize		hom	on to family mem le (176W, Part III))	
3. Other-Itemize		at it			bined Countable	Income	23
4.		Max- Child Suppt	400	ALLOC	ATIONS AND D	EDUCTIONS	
5. Total		Total unearned Income		5. Allo	cation to exclude	d	
(add 1 thru 4) 6. Combined unearned incom		(add 1 thru 4)	400	6. Inco	me to determine l		
(add 5a and 5b)		B. NONEXEMPT EARNED INC	OME		bility th Insurance		
7. Any Income deduction	-\$20	 Total Net Earned Income (Income 11.) 	2925		C. Tributanet		
8. Countable unearned Incom (6 minus 7)	е	C. TOTAL COUNTABLE INCO		8.			
. NONEXEMPT EARNED II	NCOME	7. Subtotal (add 5 and 6)	3325				
9. Gross Earned a.	b.	8. Child Support/Alimony Paid		9.			
0. Combined earned Income		9. Total Countable Income		(add	l allocations/dedu 5 through 9)	I	0
(add 9a and 9b) 1.\$65 earned Inc. deduction		(7 minus 8) NOTE:		(4 m	net nonexempt inus 10}		332
plus \$ unused \$20		If there is income from which Ed	lucational I	12. Tota roun	net nonexempt	Income	332
2. Remainder (10 minus 11)		Expenses are deducted (Sect calculations here, Enter net amou	ion 50547), show int on line 3 or 4,	13. Main	tenance need	'	
3. Countable earned Income (divide 12 by 2)		Total income for educational pr	[-	a. MFB	U members not in	1 11	
4. Total countable Income (add 8 and 13)		Less total educational expenses		b MER	No IU members in LT	 _	// 00
OTE:		Net countable income		• Pe	rsonal needs	_	
f any of the following deducti IC 176W, Part VI before comp].	• Ne	keep of home eds of disabled de	pendents	
Educational Expenses	Section 5054				l maintenance nee + 13b)	ed [110
Absent Parent Support Student Deduction \$30 plus 1/3	Section 5054 Section 5055	!			e of cost ninus 13c)		217
\$30 plus 1/3 Work Expenses for the Blin		.4			erpayment adjustr	ment	
Income for Self-Support	Section 5055	.5	ļ	l6. Adju	sted Share of Cos	t	
		1	1	(14 r	ninus 15)		<i>□</i> フヘ



SNEEDE V. KIZER INCOME SCREENING QUESTIONS

If the MFBU has a share of cost and includes child(ren), complete the following:

Case Name Danan Mason	County District	County Use	
Case Number	Effective Date	Mo. Yea	9/
☐ New Application ☐ Redetermination ☐	Change Retroactive E	lligibility [] (Correction
DOES THE MFBU INCLUDE:		YES	NO
a. A stepparent?			
b. An unmarried couple with mutual child(ren)?			
c. A child with his/her own nonexempt income (in provided by someone outside of the MFBU) and MFBU?	•		
d. A non-parent caretaker relative in the same MFI whom care is provided and the caretaker wants l			

- If "NO" to all of the above, determine if eligibility exists for pregnant woman or infant under 1 (185/200%), child under 6 (133%), or child age 6 through 18 born after 9/30/83 (100%).
- If "YES" to any of the above and:
 - (1) the MFBU includes a parent, complete MC 175-2, MC 175-3I, and MC 175-4.
 - (2) the MFBU does not include a parent, complete MC 175-3I and MC 175-4.

Eligibility worker signature	Worker Number	Date /
	l	14/2/2/
$\mathcal{A}_{\mathcal{A}}$	10/23	7/3/4/

SNEEDE V. KIZER NET NONEXEMPT INCOME DETERMINATION

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 YR. 9/	
OATE 0 4	- 11

Child/Spousal Support Payments Received: Child support is income to the child, not to the parent or caretaker relative.

For AFDC-MN/MI only:

Divide the \$50 per month child/spousal support deduction by the # of persons for whom the income is intended. Any unused remainder will be prorated among the remaining persons who still have support

payments to apply against the deduction.

For ABD-MN only:

Each ABD-MN child for whom absent parent support payments are intended will receive a 1/3

deduction from this income.

** Unearned In-Kind Income:

Prorate the unearned in-kind income among the persons who receive the income. Example: MFBU of 4 gets free housing. Use in-kind income for 4 and each person gets 1/4 of the in-kind income. Add an unborn's share of in-kind income to the pregnant woman's share. If pregnant woman is PA/Other PA

and not in the MFBU, give unborn's share to father of the unborn if he is in the MFBU.

*** ABD-MN Deductions:

Allow each ABD-MN child: \$20 any income deduction and \$65 plus 1/2 earned income deduction.

Allow each ABD-MN adult, or spouse of an ABD-MN adult, or parent of an ABD-MN child: \$20 any income deduction and \$65 plus 1/2 earned income deduction.

T. ENTER NAME OF EACH MFBU MEMBER (Do not list unborns) Macian May Parent A or PERSON TYPE Child ☐ Child Caretaker Rel. or Spouse A. NONEXEMPT UNEARNED INCOME: AFDC-MN/MI and/or ABD-MN 1. **RSDI** 7 Net Income from Property 3. *Net Child/Spousal Support Received 400 4. **In-kind Income 5. Income available from PA or other PA (MC 175-6, line A. 4) 6. 7. 8. Total (add 1 thru 7) 0 D 400 9. ***ABD-MN \$20 Any Inc. Deduction (skip if AFDC-MN/MI) 10. Countable Unearned Income (8 minus 9; also D D enter on section D, line 16) 400 SHANGAIDED AND DAISED INCOACH

ъ.	ABD-MN or spouse/parent of ABD-MN			
11.	Gross Earned Income		T	
12.	\$65 Earned Inc. Deduction PLUS unused \$20 (line 9)			
13.	Remainder (11 minus 12)			
14.	Countable earned income (divide line 13 by 2) (enter on section D, line 17)			
	···	 	 	

C. NONEXEMPT EARNED INCOME AFDC-MN/MI ONLY				
15. Net Earned Income (MC176W, Part IV, Line 10) (enter on section D, line 17)	0	2925	0	

ENTER COMPUTATION FOR CHILD/SPOUSAL SUPPORT and/or UNEARNED IN-KIND INCOME:

NOTE

If any of the following deductions apply, complete MC 176W, Part VI before completing Sections A or B.

Educational Expenses Student Deduction \$30 plus 1/3

Wale Carreer for the Dial

Section 50547 Section 50551 Section 50551.1

D.	TOTAL COUNTABLE INCOME: AFDC-MN/MI and/or ABD-MN	NAME: Marian	NAME: Martu	NAME:	NAME:
16.	Countable unearned income (from line 10)	0	0	400	
17.	Countable earned income (from line 14 or 15)	0	2925	0	
18.	Income allocated from LTC/B&C person to family members at home (from MC176W, Part B OR from MC 175-7, line C. 2)				
19.	Total countable income (add lines 16, 17, 18)	0	2925	0	

E.	OTHER DEDUCTIONS: AFDC-MN/MI and/or ABD-MN				
20.	Health Insurance				
21.	Child Support/Alimony Paid			<u>-</u>	
22.	Income to determine PA Eligibility (MC 175-6, line B. 3 or B. 4)				
23.					
24.	Total deductions (add 20 through 23)	D	0	0	
25.	Total net countable income (line 19 minus line 24) Enter this on MC 175-4 if no parent in MFBU; otherwise continue.	0	2925	400	

33.	Child's total net nonexempt income (add lines 30, 31, 32). Enter on MC 175-4 Parent's total net nonexempt income			400	-
32.	Enter child's net countable income (from line 25)				
31.	Parent B's allocation to self, spouse (if any) & natural/adopted children (divide Parent B's line 26 by line 28) (Enter in each applicable box.) Do not enter under Parent A if unmarried.	1462.50	1462.50	0	
30.	Parent A's allocation to self, spouse (if any) & natural/adopted children (divide Parent A's line 26 by line 27) (Enter in each applicable box.) Do not enter under Parent B if unmarried.	0	0	D	
29.	Child's natural/adoptive parent (see MC175-2) (circle A or B, or both)			(A) B	A B
28.	Number of persons for whom Parent B is responsible (section B of MC175-2)		2		
27.	Number of persons for whom Parent A is responsible. (section A of MC175-2)	3			
26.	Parent's total net nonexempt income LESS in-kind income and income from PA/Other PA, LTC, or B&C spouse (line 25 minus lines 4, 5, 18)	0	2925		
F.	PARENTAL/SPOUSAL ALLOCATION: AFDC-MN/MI and/or ABD-MN (skip if no parent in MFBU)				

Go to MC 175-4 next

ELIGIBILITY WORKER SIGNATURE

WORKER NUMBER

111 2

COMPUTATION DATE



SNEEDE v. KIZER MINI BUDGET UNITS AND:

(CHECK ONLY ONE)

SHARE OF COST DETERMINATIONS

PROPERTY DETERMINATIONS

Case Name Marian Mason	County District	County Use
Case Number	Effective Date	
	Mo	4 vr. 91

Instructions:

- 1. Include unborn in the mother's mini budget unit (MBU) and property limit/maintenance need income level, unless mother is married and only her separate children want Medi-Cal. If pregnant woman is PA/Other PA, include the unborn in the spouse's or father's MBU.
- 2. Do not include an excluded child.
- 3. Do not list MBU members in more than one MBU.
- 4. If any MBU has excess property, check to see if Medi-Cal linkage still exists for other family members.
- 5. Property Determinations: Enter the allocation for each spouse from MC 175-3P, line 18. Enter the net nonexempt property for each child and/or caretaker relative from MC 175-3P, line 29.
- 6. Share of Cost Determinations: Enter each person's net nonexempt income from MC 175-3I.
- 7. If only the separate children of one spouse want Medi-Cal, enter the amounts from lines 13 and 23 of MC 176W.1 for property determinations and the amounts from lines 28 and 29 of MC 176W.1 for share of cost determinations.

MBU #/						
Person Name/No.	Orig Aid	Net ☐ Property Nonexempt ☐ Income				
1. Marian 7		incligible				
3 un hack	 	<u> </u>				
4. unboch	-					
5.						
6.						
7.						
8.						
9.	ļ					
10.	<u>. </u>					
TOTAL						
MBU's ☐ Property Limit (Check one) ☐ Maintenance Need						
☐ Excess Property (Check one) ☐ Share of Cost for property-eligible persons						
Rounded Share of Co						
If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 born after 9/30/83 in MBU? No; stop here. Yes; go to MC 175-5						

MBU #	2	<u> </u>
Person Name/No.	Orig Aid	Net ☐ Property Nonexempt ☐ Income
1. Max		400
2.	<u> </u>	
3.	<u> </u>	
4. 5.	ļ	
6.	 -	·
7.	┼	
8.	 	
9	1	
10.	 	
TOTAL		400
MBU's Droperty Limit (Check one) Maintenance Need		375
(Check one) Excess Property Share of Cost to property-eligible pers	٦c	-25
Rounded Share of Co	ost	25
If SOC, is there a property-eligible p under 6 or 6 through 18 born after 9 No atop h	/30/8: ere.	3 in MBU?

MBU #					MBU#		
Person Name/No.	Orig Aid	Net ☐ Property Nonexempt ☐ Income			Person Name/No.		Net ☐ Property Nonexempt ☐ Income
1.	-		1		1.		Tremework & theorie
2.			1		2.	<u> </u>	
3.			7		3.		
4.					4.		
5.	ļ				5.	-	
6. 7.			4		6.		
8.	 		4		7.		
9.			4		8.	Ţ	
10.			卜		9. 10.	<u> </u>	
TOTAL	L		$\frac{1}{1}$		TOTAL	1	
MBU's Property Limit (Check one) Maintenance Need			1	•	MBU's ☐ Property Limit (Check one) ☐ Maintenance Need		
(Check one)	r		-		(Check one)	y or	
property-eligible person	วกร		<u> </u>	/	property-eligible pers	ons	
			-		Rounded Share of Co		
If SOC, is there a property-eligible prunder 6 or 6 through 18 born after 9/1 No; stop he Yes; go to f	re.	,	1	,	If SOC, is there a property-eligible p under 6 or 6 through 18 born after 9. No; stop hi Yes; go to	regna /30/83 ere. MC 1	nt woman or child 5 in MBU? 75-5
			7				
MBU #	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		4		MBU #		_
Person Name/No.	Orig Aid	Net ☐ Property Nonexempt ☐ Income			Person Name/No.	Orig Aid	Net ☐ Property Nonexempt ☐ Income
1.		\]		1.		
2.]		2.		
3.					3.		
4.					4.		
5.			Λ		5.		
6.			1		6.		
7.			-	Ì	7.		
8.			-		8		
9. 10.			-		9.		
1 - 1			1		10.		
TOTAL			İ		TOTAL		
MBU's			1		MBU's		
(Check one) Excess Property (Check one) Share of Cost for property-eligible person	r I				(Check one))r	
Rounded Share of Co	_				Rounded Share of Co		
If SOC, is there a property-eligible prounder 6 or 6 through 18 born after 9/3 No; stop he Yes; go to M	30/83 re.	in MBU?			If SOC, is there a property-eligible p under 6 or 6 through 18 born after 9. ☐ No; stop h ☐ Yes; go to	/36/83	3 in MBU?
			_	:		-	

Eligibility Worker Signature	Worker Number O123	Date of Computation



SNEEDE V. KIZER FEDERAL POVERTY LEVEL (FPL) PROGRAMS FOR PREGNANT WOMEN AND INFANTS (185/200%), CHILDREN AGES 1 THROUGH 5 (133%), AND CHILDREN AGES 6 THROUGH 18 BORN AFTER 9/30/83 (100%)

Case Name	County District	County Use
Marian Mason	77	
Case Number	Effective Date M	o. Year
		24 91

INSTRUCTIONS:

- 1. Complete this form for all of the potential percentage program eligibles whose MBU has a share of cost.
- 2. Net Nonexempt Family Income: enter the <u>full</u> net nonexempt income of the % program eligible and his/her responsible relatives (i.e., spouse or natural/adoptive parent); do not enter the <u>Sneede</u> allocations.
 - A. If the potential % program eligible is:
 - an unmarried pregnant woman, use only her income;
 - · a pregnant minor, use her income and her parents' income, if they are in the home;
 - · a married pregnant woman, use her and her spouse's income;
 - a child, use the child's and natural/adoptive parents' income, if they're in the MFBU.
 - B. If the potential % program eligible and/or his/her responsible relatives are:
 - AFDC-MN/MI, add lines 20 and 25 from MC 175-3I;
 - ABD-MN, first complete another MC 175-3I (lines 1 through 25), allow only AFDC-MN deductions, and enter the total from lines 20 & 25.
 - C. When only the separate children of one spouse want Medi-Cal, full net nonexempt family income does <u>not</u> include income allocations to persons outside of the MFBU.

A.	NET NONEXEMPT FA	MILY INCOMI	E DETERM	IINATION		
1.	Name of potential % Program Eligible in MBU with SOC	Max Marsha				
2.	Name of Responsible Relative #1	Navion Ma	son			
3.	Name of Responsible Relative #2	NA		^		
4.	Full Net Nonexempt Income of % Program Eligible	\$ 400	\$	\$	\$	\$
5.	Full Net Nonexempt Income of Responsible Relative #1	s <u> </u>	\$	\$	\$	s
6.	Full Net Nonexempt Income of Responsible Relative #2	s N/A	\$	\$	s	\$
7.	Total Net Nonexempt Family Income (add lines 4, 5, 6 & enter on B.4)	s 400	s	s	\$	\$

	`. ELIGIBILITY DETERMINATION					
. —		No. of Persons in MFBU				
1.	Name of potential % Program Eligible	max				
2.	Potential % Program (check one)	185% E 133% [] 100% []	185% 🗌 133% 🔲 100% 🔲	185%	185%	185%
3.	Enter FPL for % Program shown in B. 2 based on # of persons in MFBU.	s2066	s	\$	s	s
4.	Enter total net nonexempt family income(from A. 7)	s 400	\$	\$	\$	s
5.	Is total net nonexempt family income (B. 4) less than or equal to amount in B. 3?	Yes, eligible (go to #9) No, continue	Yes, eligible (go to #9) No, continue	Yes, eligible (go to #9) No, continue	Yes, eligible (go to #9) No, continue	Yes, eligible (go to #9) No, continue
6.	Is person potential 200% program eligible (i.e., pregnant woman or infant under age 1)?	Yes, continue No, deny FPL program	Yes, continue No, deny FPL program	Yes, continue No, deny FPL program	Yes, continue No, deny FPL program	Yes, continue No, deny FPL program
7.	Enter 200% of FPL for family size equal to # of persons in MFBU.	\$	S	\$	s	\$
8.	Is total net nonexempt family income equal to or less than 200% FPL?	Yes, eligible No, deny 200% Program	Yes, eligible No. deny 200% Program			
9.	Person # (optional)					
10.	Aid Code (optional)					
11.	MBU # (optional)					

Eligibility Worker Signature	Worker Number	Computation Date
4 Lu	0/23	4/3/9/
MC 175-5 (7/91)		

MC 175-5 (7/91)

MEDI-CAL INFORMATION NOTICE TO SNEEDE CLASS MEMBERS WHO ARE RESPONSIBLE RELATIVES	_	County Stamp			
Marion Macon	State No.: District: Case Name:				
THE STATE MAY OWE YOU MONEY!! Under a case called <u>Sneede</u> v. <u>Kizer</u> , the county has found that you (or a member of your family) may have been wrongly denied benefits or had a share of cost which may have been too high.					
You MAY be paid back for medical expenses which you or a member of your family paid on or after May 1, 1986. Also, Medi-Cal MAY pay bills which you still owe for medical services, drugs, etc. you or your family member got on or after May 1, 1986. SAVE YOUR BILLS, RECEIPTS AND CANCELLED CHECKS which show that you had medical bills for yourself or					
any member of your family since May 1, 1986. The court case is not done yet. You will be notified at the end of the case if you can get the benefits described in this notice. If you move, be sure to tell the county your new address and phone number. Call or write your Medi-Cal worker.					

(Phone Number)

·	MEDI-CAL NOTICE OF ACTION Approval For Special Zero Share-of-O Program for Pregnant Women and Babies Up To One Year Old	Cost [(Cou	inty Stamp)	
		į	_		ل
	Marian Mason	一	State No:	<u>~~</u>	^
			District:		
L			Approval for:	Max	Marsh
				(Names)	
	Beginning, yo without a share-of-cost under a spec program, you can receive only pregnan services for complications of pregnanc planning.	ial program for cy-related servi	r pregnant wo ces which incl	omen. Und	der this
	You continue to be eligible for benefits with a share-of-cost under the regular Medi-Cal program. When your share-of-cost is met, you will receive a regular Medi-Cal card, which may be used for services not related to your pregnancy.			ledi-Cal I, which	
	Beginning 4/91, your baby is eligible to receive Medi-Cal benefits without a share of cost under a special program for babies up to one year old. Under this program, the baby's Medi-Cal card will provide:				penefits der this
	full medical services.				
	services for treatment of e	mergency medic	cal conditions.		•
pregna	dition to other program requirements, e ancy and/or on your family's income. You changes within 10 days to see if you or you	must let your	worker know	about incor	n your me and
The re 50262	egulation which requires this action is Ca	alifornia Code d	of Regulations	, Title 22,	Section
***************************************	(Eligibility Worker)		(Phone)	4/	3/91

Department of Health Services

Sneede v. Kizer MEDI-CAL NOTICE OF ACTION DENIAL/DISCONTINUANCE OF BENEFITS DUE TO EXCESS PROPERTY (MINI BUDGET UNIT)

	,
[1
Notice Date:	4/3/91
Case No.;	
Worker Name/No.:	~~~
This Affects:	Darian Ma
	Durian Ma

(County Stamp)

Marian Mason

This case has been affected by a lawsuit called <u>Sneede v. Kizer</u>. A federal court ruled that Medi-Cal can only use the property of certain family members when figuring someone's Medi-Cal eligibility. This means that some family members may be eligible and others may not be eligible due to excess property.

The application for Medi-Cal benefits for the people listed above has been denied due to excess property.
Medi-Cal benefits for the people listed above will stop the last day ofdue to excess property.
The people listed above are not eligible for Medi-Cal because your family owns more than one car or piece of real property. These people may be able to get Medi-Cal if you want to make the other car or other real property exempt. If you do that some people who are in your family who can now get Medi-Cal may become ineligible. Call your worker within 10 d if you want advice about changing your exemptions.

I. <u>Mini Budget Unit</u>		II. Medi-Cal Family Budget Unit
Persons	Net Amount	
Marian	\$ <u>1750</u>	Family's Total Net Nonexempt Property:
marty	s 1750	Family's Property Limit: -
	\$	Family's Total Excess Property:
	<u> </u>	
	\$	
	\$	
Total Net Nonexempt Property	s 3500	
Property Limit	-\$ 3/50	
Excess Property	\$ 350	

Your entire family may be eligible for Medi-Cal if they meet all other eligibility requirements and reduce the excess property by the amount shown above in Column II under <u>Family's Total Excess Property</u>. If your family reduces the excess property on any day of the month, they will be property eligible for that entire month.

If you have any questions, please contact your worker. The regulations which require this action are California Code of Regulations, Title 22, Sections 50401 through 50489 and <u>Sneede</u> v. <u>Kizer</u>.

SNEEDE V. KIZER HOW TO LIST MEDICAL EXPENSES ON YOUR SHARE OF COST FORM (RECORD OF HEALTH CARE COSTS)

Your Medi-Cal case has been affected by a lawsuit called <u>Sneede</u> v. <u>Kizer</u>. This lawsuit limits which family members can use their medical expenses that are not billed to <u>Medi-Cal</u>.

If you are a spouse or a parent, you have the choice of listing your medical expenses on any share of cost form in which your name appears. You may list all of your medical expenses on a single form, or you may divide up a bill and list it on two or more forms in which your name appears. However, the total reported for a single service cannot be more than the original bill.

If you are a child, your medical expenses can only be listed on the share of cost form in which your name appears.

If you are a caretaker relative such as a grandparent, aunt, uncle, etc., your medical expenses can only be listed on the share of cost form in which your name appears.

If you have any questions about how to list medical expenses on the share of cost form, please call or write your Medi-Cal worker.

MC 239 SN-6 (8/91)

SNEEDE V. KIZER COMO ANOTAR GASTOS MEDICOS EN SU FORMULARIO DE PARTE DEL COSTO (REGISTRO DE CONTROL DE SUS GASTOS MEDICOS)

Su caso respecto a beneficios de Medi-Cal ha sido afectado por la demanda legal en el caso llamado <u>Sneede</u> v. <u>Kizer</u>. Este juicio establece cuales miembros de la familia pueden usar sus gastos médicos que no se cobran a Medi-Cal.

Si usted es el esposo(a) o padre/madre, tiene la opción de anotar los gastos médicos en cualquier formulario para parte del costo en el cual aparezca su nombre. Puede anotar todos los gastos médicos en en un solo formulario, o puede dividir el cobro y mencionarlo en dos o más formularios en el cual aparece el nombre suyo. Sin embargo, el total que se reporte por un solo servicio, no puede ser mayor que el cobro original.

Si usted es un menor, los gastos médicos de usted, solamente pueden ser anotados en el formulario de parte del costo donde aparezca el nombre suyo.

Si usted es un pariente encargado del cuidado de alguien, como un abuelo(a), tío(a), etc., los gastos médicos suyos solamente pueden ser anotados en el formulario de parte del costo en que aparezca el nombre de suyo.

Si tiene preguntas sobre cómo anotar gastos médicos en el formulario de parte del costo, por favor escríbale o llame a su trabajador(a) de Medi-Cal.

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET P.O. BOX 942732 SACRAMENTO, CA 94234-7320

TO:



February 28, 1992

Letter No.: 92-13

All County Welfare Directors

All County Administrative Officers

All County Medi-Cal Program Specialists/Liaisons

SUBJECT: STATEWIDE AVERAGE PRIVATE PAY RATE (APPR) FOR NURSING FACILITY

SERVICES

The information contained in this letter was previously issued via EMAIL (DHS # 92020) on February 7, 1992.

The primary purpose of this letter is to officially announce the 1992 statewide average private pay rate (APPR) for nursing facility services to be used in calculating the period of ineligibility for transfers of nonexempt property for less than fair market value is \$2,791.00. Counties should use this figure whenever the most recent of the two: the date of application, or the date of institutionalization, occurs in 1992, and a disqualifying transfer has occurred. Existing periods of ineligibility are not updated annually so counties should not use this figure to recalculate periods of ineligibility.

The second purpose it to inform counties that the Department does not expect completion of the system changes necessary to provide for the issuance of cards which limit the scope of benefits to all services except nursing facility services until June 1, 1992, at the earliest. This new delay is due to the need for system changes relating to Edwards which must be completed first. Counties should continue to issue full scope Medi-Cal cards to those individuals who have made disqualifying transfers until further notice. Beneficiaries will not be held accountable for nursing facility services incorrectly paid for by Medi-Cal as a result of the issuance of full scope Medi-Cal cards.

If you have any questions on this issue, please call Sharyl Shanen-Raya of my staff at (916) 657-2942.

Sincerely.

ORIGINAL SIGNED BY

Frank S. Martucci Chief

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
.O. BOX 942732
\CRAMENTO, CA 94234-7320



February 28, 1992

Letter No.: 92-14

TO: All County Welfare Directors

All County Administrative Officers

All County Medi-Cal Program specialists/Liaisons

SUBJECT: Family Planning Services for IRCA/OBRA

The purpose of this letter is to share information about Medi-Cal eligibility for family planning services received by women eligible for Medi-Cal under the provisions of the Immigration Reform and Control Act of 1986 (IRCA) and the Federal Omnibus Budget Reconciliation Act of 1986 (OBRA).

Department staff have recently been advised that women with IRCA/OBRA status are routinely being denied Medi-Cal for family planning services requested subsequent to the sixty-day postpartum period. As a point of clarification, recipients with IRCA/OBRA status are eligible for emergency and pregnancy-related services. Family planning services are included in the definition of pregnancy-related services. Thus, providing she is otherwise Medi-Cal eligible, a woman with IRCA/OBRA status (Aid Codes 51, 52, 56, 57, or 58) would be eligible for pregnancy-related services extending beyond the sixty-day postpartum period. As with emergency Medi-Cal services, the woman may incur a share of cost for pregnancy-related services received beyond the postpartum period.

If you have questions or need further information about the IRCA/OBRA program, please contact Marlene King of my staff at (916) 657-0712.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief Medi-Cal Eligibility Branch

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET P.O. 180X 942732 SACRAMENTO, CA 94234-7320

TO:



February 28, 1992

Letter No.: 92-15

All County Welfare Directors

All County Administrative Officers

All County Medi-Cal Program Specialists/Liaisons

SUBJECT: 1992 MEDICARE CATASTROPHIC COVERAGE ACT SPOUSAL (MCCA)

IMPOVERISHMENT AND FAMILY MEMBER ALLOCATION CAPS

The purpose of this memo is to provide County Welfare Departments with the new maximum income and resource caps under MCCA. Effective January 1, 1992, the community spouse resource allowance (CSRA) is \$68,700, the new maximum spousal income allocation/minimum monthly maintenance need allowance is \$1718.00 per month, and the new family member allocation is \$985.00. The family member allocation may change during 1992 based upon an increase in

This information was provided to the County Welfare Directors in EMC2 DHS #91187, on December 3, 1992, and EMC2 DHS #92017, on January 29, 1992.

If you have any questions on this issue, please call Sharyl Shanen-Raya regarding property, at (916) 657-2942, or Dave Rappolee regarding income, at

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief Medi-Cal Eligibility Branch